

24 FUNERAL DIRECTOR MINNICH FUNERAL HOME

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

Washington 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Pangborn 13e STREET ADDRESS / ZIP CODE 1036 Brinker Dr. 21740 Ramsburg **ADDRESS** Nellie M. Andrews, Hagerstown, Md. 45 min 206 IF YES, WERE FINDINGS USED INCERTIFYING CAUSES OF DEATH? YES T NO A 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TB PART 1 OR PART 2) COUNTY STATE opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN June 26,1986 Rest Haven Cemetery Hagerstown, Wash., Maryland 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE . is wanter-fundable Wilson Blvd., Hagerstown, Md. 21740

REG. NO.

MONTH

26 HOUR

IF UNDER 24 HRS

IF UNDER I YEAR

20 DATE OF DEATH

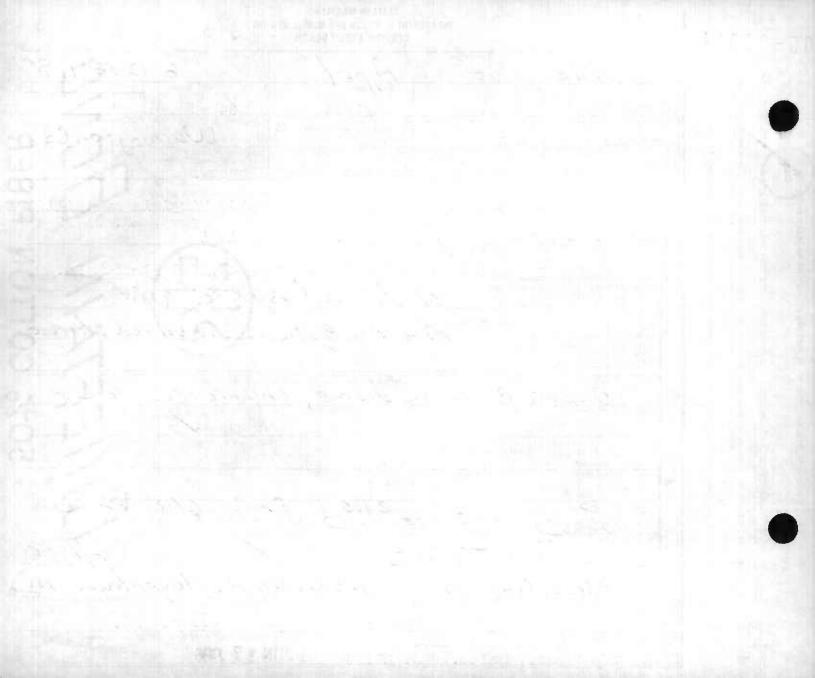
DHMH - 16 60M 7/84 (VRA 15, 4)

FOR

REGISTRAR

DECEASED NAME

- STATE



	STATE OF MARTLAND
OR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE
STATE PEGISTRAR	CERTIFICATE OF DEATH

DEPARTM	NENT O	HEALTH	AND	MENTAL	HYGIENE	
	CERT	<b>IFICATI</b>	E OF	DEATH		

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1	2a DATE O		MONTH		, 19	PG.	2b. HOL	JR O
6	AGE (IN	EARS LAST B	IRTHDAY)	1	IF UNDE	RIYEAR	IF UNDER	24 HRS
		78	YR		ONTHS	DAYS	HOURS	MIN.
9	RAITIMO	RE CITY	OR COLL	NTY	OF DE	ΔTH		

				REG. NO.		
1. DECEASED NAME FIRST	Critz	nan .	LAST	THE DAIL OF DEATH	AY YEAR 2b. HOUR	
John	(.	Arms	rong	June 23	1986 6 6	
1468	4 RACE	5. DATE	OF BIRTH YEAR		FUNDER 1 YEAR IF UNDER 24 HR	
male	whi	te Dec	20, 1907	78 <sub>YRS.</sub>	DATS HOURS MIR	
70 BIRTHPLACE (STATE OR FOREIGN	16 CITIZEN OF	WHAT COUNTRY? 8.	ED X NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH	
Pennsylvania	USA	WIDOW		Washington		
10 CITY OR TOWN OF DEATH		HOSPITAL, NURSING HOME	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	126 KIND OF BUSINESS C	
Hagerstown		gton County Ho	ospital	brakeman	railroad	
USUAL RESIDENCE (IF NURSING HOME OF		GIVE RESIDENCE BEFORE ADMISSION	1 13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CODE		
	ington	Hagerstown	YES X NO	91 Wakefield	Road 21740	
14 FATHER'S NAME	WIDDLE	LAST	15. MOTHER'S MAIDEN NA			
George	MIDDLE	Armstrong	Cora	MIDDLE	LAST	
160 WAS DECEASED EVER IN U.S. AF		166 SOCIAL SECURITY NO.	17 INFORMANT	ADDRESS		
(YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	214-09-4576	Irene G. Arm	strong, Hagerstow	m, Md.	
18 CAUSE OF DEATH (Enter or	ly one couse per	line for (o), (b), and (c)	CI	1-	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
PART I. DEATH WAS CAUSE IMMEDIA	E CAUSE (0)	Cardioge	enic Shoc	-4	minutes	
	DUE TO, O	R AS A CONSEQUENCE OF	7			
Conditions, if ony, which	( (b)_e	Hente r	ryocardia	1 infareTrov	Minutes	
gove rise to immediate couse (a), stating the	)	R AS A CONSEQUENCE OF				
underlying couse lost.	(3)	AS A CONSEQUENCE OF			4 3 milion	
	(c)					

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [ 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE

220.1 certify that (1) (the hospital) attended the deceased from sow the deceased alive on, and that in (my) (correspondent accoursed on the date and hour and from the causes stated bady ofter death DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

23a, BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY CITY OR TOWN

June 26,1986 Rose Hill Cemetery burial 24 FUNERAL DIRECTOR MINNICH FUNERAL HOME

Hagerstown, Wash., Maryland 25a. DATE REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE

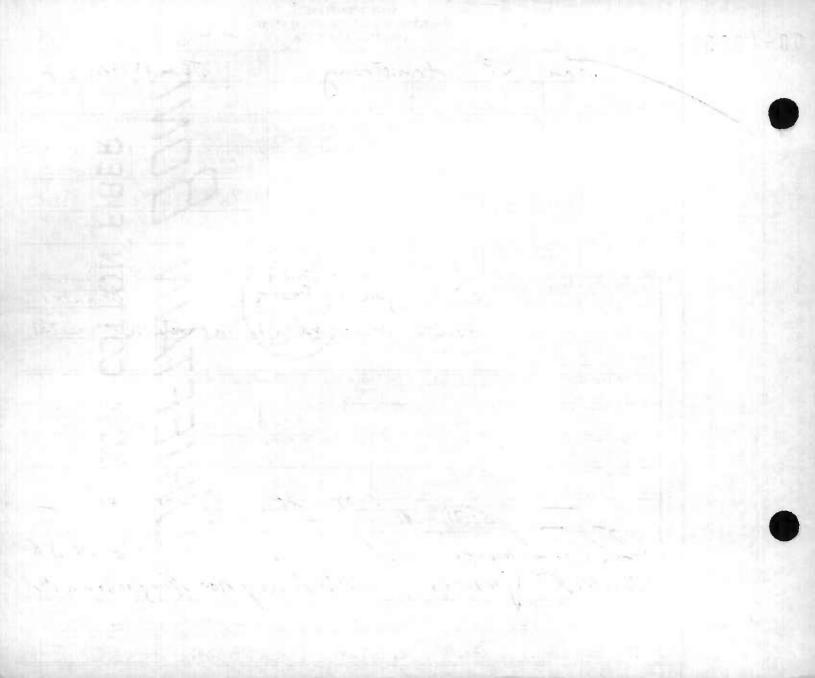
E. Wilson Blvd., Hagerstown, Md. 21740

- while the day

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

marked on the



00-11232	STATE OF MARYLAND  1 - STATE POR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 6 8 2 4 8 CERTIFICATE OF DEATH	
6	DECEASE NAME  THE OR STANDARD ARE THE OR BIRTH  A. DATE OF BIRTH	
death: Fog	BIRTHPLACE   STATE OR FOREIGN   76 CITIZEN OF WHAT COUNTRY?   S   MARRIED   NEVER MARRIED   WIDOWED   DIVORCED   Washington County   MD	
9 4 49	CITY OR TOWN OF DEATH Hagerstown  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVES TREET ADDRESS) Washington County Hospital  120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Public Hospit	al
L MARYLAND 212 ured within 24 hour completely filled in 1 and 2 should be Restminer master	DSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)  13d. STATE  13d. CITY OR TOWN  13d. INSIDE CITY LIMITS?  13e. STREET ADDRESS / ZIP CODE  20d. Harrison Ave.  17268  15. MOTHER'S NAME FIRST  Unknown  16d. WAS DECEASED EVER IN U.S. ARMED FORCES?  16d. SOCIAL SECURITY NO.  17 INFORMANT  ADDRESS 20d. Harrison Ave.	
TIMORE To and to medical	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 20L Harrison Ave.  (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)  WHILE THE PROPERTY OF THE PROPERTY	68
(DS, 201 W, PRESTON ST., B quives that the death certifical signed by the attending othyr been please semow catbon pol to boried, cremoting, or remove highery, as other trainmatic events	Canditions, if any, which gove rise to immediate cause lost.  Due To, OR AS A Consequence of the underlying couse last.  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a)	
AL RECOS	196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO NO	
N OF VITA  SECIAN: 1  Fig. physics  certificate  certificate  formal fryg  here 18 a	216. ACCIDENT WAS UNDERLYING   OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19	
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TO HOUSE	230 BURIAL, CREMATION, REMOVAL 236 DATE 236 NAME OF CEMETERY OF CREMATORY 1314 LOCATION	=
9998199	Burial 7/2/1986 North Side Catholic Cem. Ross Twp., Allegheny PA	
DHMH - 16 60M 7/84 (VRA 15, 4)	ADDRESS 50 S. Broad Stipe 0 3 1986 PEGISTARIOS REGISTRARIS NATURE.  Wayne sboro, PA	

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7/7/1935 MCFLIN 100 Communic Inc. Ross Typ., Billy Beny

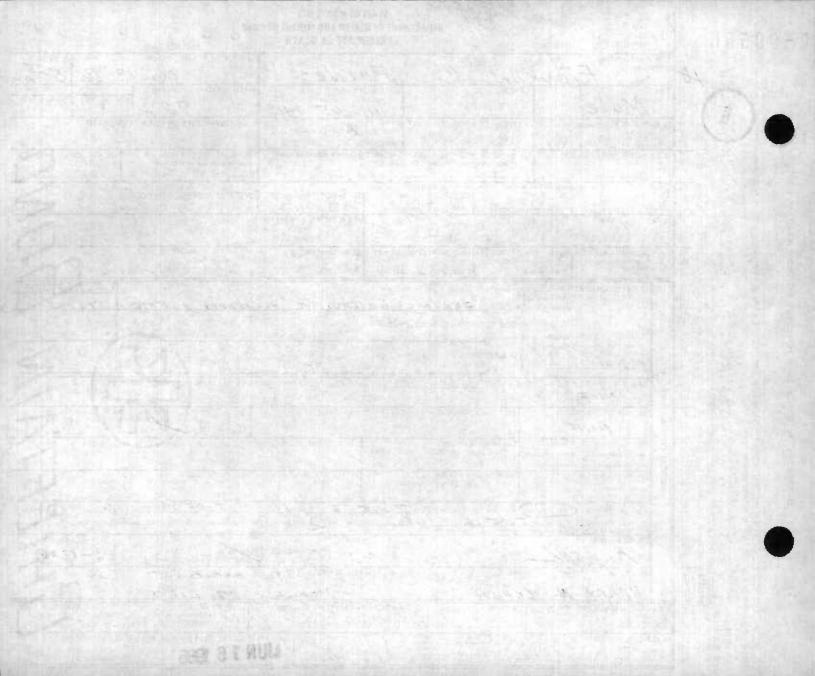
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	STATE OF MARYLAND	A 11 /3
	1- STATE LARRY ALLEN DEPARTMENT OF HEALTH AND MENTAL HYGIENE	247
	REGISTRAR BALL SR. MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
-112/4	(TYPE OF PRINT)  OF ESTI-	15 81 2 45
S NECESSARY, PLEASE FUNERAL DIRECTOR. E. FOR YOUR FILES. D. WITHIN/2 HOURS. W. PRESTON STREET,	LANNY HILEN BAIL STR. DEATH MATED JU	7 119 0 0 1 N
A SEE SEE	4. RACE 5 DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 2c. DATE MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN PRONOUNCED	DAY YEAR 24 HOUR
3	Male White March 15,1936 50 yrs. DEAD OUN	28 198624 M
IS IL	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) 71. CITIZEN OF WHAT COUNTRY? 8. MARRIED X NEVER MARRIED 9. BALTIMORE CITY OR COUNTRY	OF DEATH
M 7	West Virginia U.S.A, WIDOWED DIVORCED Washington Cou	inty MD
7/6	1D. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  12. USUAL OCCUPATION (TYPE OF WORK IN GLIFE)	26. KIND OF BUSINESS
7	/177	Market
AL PECOPED	OSUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	21740
25	136. COUNTY	21/40
1-	14 FATHER'S NAME	
17	FRST MIDDLE Wellman Ada	Ball
1	166, WAS DECEASED EVER IN U.S. ARMED FORCES? 166, SOCIAL SECURITY NO. 17 INFORMANT TADDRESS 1.100	Avenue
1	No 529-42-8349 Nancy L. Ball Hagerstown	
	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).)	APPROXIMATE INTERVAL
i L	PARTIDEATH WAS CAUSED BY:	SUNCEN ONSET AND DEATH
SIT PERMIT, PAGES 1 AND HYGIENE, DIVISION OF WIN MOVAL.	IMMEDIATE CAUSE (o) SE VINICIOS GON SIGNIFICATION TO THE TOTAL TO THE TOTAL TO	3 / each
TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT AFER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	Canditions, if any, which	
RA KA	gave rise to immediate (b) DUE TO, OR AS A CONSEQUENCE OF	
Z AE	lying couse last.	
9	PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 (a)	
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B -	210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED. (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PAR	YES NO
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3	death resulted Iram: Harry II causes , Accident , Suicide Hamicide Undetermined manner ,	
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, ×	ACTUAL SIGNATURE M.D. DED MEDICAL EXAMINER SIGNED	WUN 2886
SO /	EVANINED'S NAME // AC 34/	7.11
KEL	(TYPE OR PRINT) HIN WEEKS ADDRESS 580 WATTERN AV HAYEN	slough led
8 T	236. BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN COUNTY	Y STATE
	Burial 7-1-86 Cedar Lawn Mem. Park Hagerstown Wash:	ington Md.
17	24 FUNERAL DIRECTOR CLear Springed 756. DATE REC'D. BY REGISTRAY 256 REGISTRAY'S SI	GNATURE
(5))	Donald E. Thompson Funeral Home, Inc. JUL 2 186 July Deviden	Marke
B2		

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0 - 0	9550		1-	FOR STATE REGISTRAR				EALTH AND MENTAL HY	GIENE 6 REG. NO.	250
		923		CEASED NAME FIRST	, Clý	de .		AST	20 DATE OF DEATH MONTH DA	Y YEAR 26. HOUR
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	6 P		3. SEX		4 RACE		5. DATE C			UNDER TYEAR IF UNDER 24 HRS
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	A As	110	7. RI	RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	R //	05 1913	9 BALTIMORE CITY OR COUNTY C	FDEATH
		41	(	OUNTRY)		5.10 Sept 0.70		NEVER MARRIED		, DEATH
	B 11	1		shington, D.C.			WIDOWE		Washington 120 USUAL OCCUPATION	MD.
	1 11 1	14	10 CI	TY OR TOWN OF DEATH	(IF NOT IN SUC	H FACILITY, GIVE STREET AL	DDRESS)	R OTHER INSTITUTION	(TYPE OF WORK FOR MOST OF WORKING LIFE)	126. KIND OF BUSINESS OR INDUSTRY
201	5 E	1		gerstown		gton Coun		ospital	self-employed	contractor
213	2 20	21	13a. S	AL RESIDENCE (IF NURSING HOADTATE 136 CO	AE OR OTHER INSTITUTION	136. CITY OR TOWN		13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE	
ON.	20 章	20	Ma		shington	Hagersto		YES NO X	Route 5, Box 16	21740
35	2 te =	E)//	14. F.A	THER'S NAME		LAST		15 MOTHER'S MAIDEN N		
MAR	d w	\$/ ()		William	Martin	Barnes		Mamie	MIDDLE	Barbee
	50 00 00	0		VAS DECEASED EVER IN U.S		166 SOCIAL SECUR	ITY NO.	17 INFORMANT	ADDRESS	
WO	exe oge	ped	- (		S GIVE WAR OR DATES)	219 05 2	968	Anabel Barne	es, Hagerstown, Md.	
BALTIMORE	cion cion	her		<u></u>				20211	o, nagerbeem, na	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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PRESTON ST	oth cor	OF			DUE TO, OF	R AS A CONSEQUEN	VCE OF			
RES	otte otte	1001	200	Canditions, if any, which gave rise to immediate						
*	the the	ne.		cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last.						
201 V	thor d by eose	0 10		underlying cause last	(c)					
	gne gne buri	2	-	CONTRACTOR AND ADMINISTRATION OF THE PARTY AND ADMINISTRATION	NT CONDITIONS <u>CC</u>	ONTRIBUTING TO DI	EATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIVE	V IN PART 110
ORD.	The The	2	CERTIFICATION	NONE			Y 155			
ECC	ow rmit price	0 0	CA	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH C	OPERATIO .	N WAS PERFORMED		WERE FINDINGS USED NG CAUSES OF DEATH?
AL R	he l		TIF	NONE					YES NO YES	
ZI.	N. T.	8	CE	210. ACCIDENT WAS UNDERLYING		FINJURY M. MONTH DAY	VEAD	21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM TB PAR	T 1 OR PART 2)
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DIVISION OF VITAL RECORDS,	HYS nding bur bur	2	MEDICAL	216 INJURY OCCURRED	21e PLACE			211 LOCATION	CITY OR TOWN	COUNTY STATE
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۵	Or or Aft	age.		220.1 certify that (I (this h	aspital attended the	e deceased from	TUNG	- 6 1986	10 JUNE 13 19	86 , that (1) (we) lost
	Spirol CTOR d for us	S I I	115	saw the deceased alive abave, (I) (we) fold) (di					n death accurred on the date and hour c	
		E		22b. SIGNATURE	d not) view the body	after death.		DEGREE		22c, DATE SIGNED
	toche	± ±	100	h. sall			1	ATTENDING	MEDICAL STAFF	6-13-86
	by by ERAI	Z		22d. PHYSICIAN'S NAME (T	YPE OR PRINT)		, ,	THISICIAIN	6. Confrether 5th	10 .0 00
	TOSP TOSP TOSP The	MPORTA		7				2/		
	etained TO FUNI Should b	d¥ /		BARRY M.	COHEN			Stopenin	n MP 21740	
				SURIAL, CREMATION, REMO SPECIFY) ITIAL				EMETERY OF CREMATORY	CITY OF TOWN	COUNTY
	BP	- 13					st Ha	aven Cemetery		
	DHMH - 16 60M	7/B4	24 F	NERAL DIRECTOR MINI	ICH FUNER	RAL HOME			ATE REC'D. BY REGISTRAR 256 REGISTRA	AR'S SIGNATURE
	(VRA 15, 4)		41	.5 E. Wilson H	Blvd., Hag	gerstown,	Md.	21740	DN 1 9 1888	with the same of t

STATE OF MARYLAND



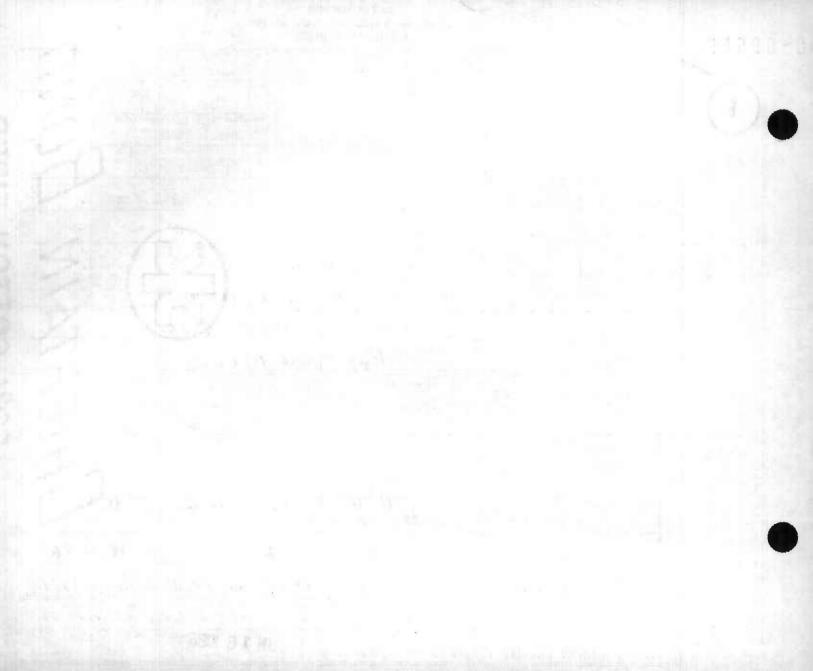
MINNICH FUNERAL HOME

415 E. Wilson Blvd., Hagerstown, Md. 21740

DATERECT 6 1988 AR 256 REGISTRAR'S SIGNATURE

STATE OF MARYLAND

DHMH - 16 60M 7/B4 (VRA 15, 4) 24 FUNERAL DIRECTOR



-11277	1-	FOR STATE REGISTRAR	D	EPARTMENT OF H	OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	0 0	. NO.	8 2 5	5 2
	I. DEC	CEASED NAME FIRST OR PRINT MARTHA	MIDDLE		AST	2a DATE OF DEATH		Total Control of	HOUR
ay be			RUTH	BA		6 AGE (IN YEARS LAS			:50a M
a de	3 SEX	FEMALE	C.	S. DATE C	OAY YEAR		Mi		URS MIN.
do de A	76. BI		b. CITIZEN OF WHAT CO	DUNTRY? 8	22, 1910	76 9 BALTIMORE CIT	Y OR COUNTY	OF DEATH	
1 16 75	(	NNSYLVANIA, US	U.S.A.	WIDOWE	DIVORCED	WASHING	TON COUN	TY	MD.
190	TO CI		1. NAME OF HOSPITAL GARLOCK MEM	, NURSING HOME C	R OTHER INSTITUTION	120 USUAL OCCUP (TYPE OF WORK FOR MC	OST OF WORKING LIFE	126 KIND OF BUINDUSTRY RUBBER	SINESSOR
	130 9	ALRESIDENCE (IF NURSING HOME ORGITATE 124 TOLINI	ington Hac	OR TOWN	134 INSIDE CITY LIMITS?	13e STREET ADDRE		2174 more St	
1 10/1		THER'S NAME PRIST  A.	RE	NN <b>E</b> CKER	IS. MOTHER'S MAIDEN N	AME	I E	BONNAR	
141	14- 1	VAC DECEASED EVED IN U.S. ADA		TAL SECURITY NO.	17 INFORMANT	18	oute #		247-0
		(ES, NO OR UNKNOWN) (IF YES, GIVE	220-	09-7961	Charles D	. Long H	ledgesv	APPROXIMATE BETWEEN ONSE	.VA.
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law requ	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOI	R WHICH OPERATIO	N WAS PERFORMED	20e AUTOPSY?		WERE FINDINGS ING CAUSES OF I	
N. The nysician.	RTIF	21g. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		21. HOW INTURY OCCU	YES NO[			10 🗆
ding physicians is certifical burial-from Mental Hy	MEDICAL CE	OR CONTRIBUTING CAUSE OF DEAT    IF EITHER NOTIFY MEDICAL EXAMINER)	HOUR A.M. MOI	NTH DAY YEAR	21c. HOW INJURY OCCU	JKKED (ENTER NATURE OF	INJURY IN ITEM 18 PA	RT I OR PART 2)	
AG PHY attendi fter this as the bi h and A	WED	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJUR (AT HOME, STREET, FACTOR		21f. LOCATION STREET	CHYC	OR TOWN	COUNTY	STATE
TTENDIII Putol or TOR: A for use of Heolis		22a   certify that (I) (this hospitus saw the deceased alive on above, (I) (we) (did) did not	6/2 4	19 0 6 0	nd that in (my) (our) apinio	n death occurred an th	ne date and hour	ond from the cous	(I) (we) lost es stoted
TAL OR A y the hos Ral DiREC detached detached hose Dept.		236 SIGNATURE	0			MEDICAL DIRECTOR DAN	STAFF YSICIAN [	220 DATE SIGN	156
TO HOSPITA TO FUNER Should be d with the Sto		22 PHISICIAN'S NAME TYPE OR	leppins-	ec	22e ADDRESS				
0 € 5 € ₹ ₹ ₹ <u>1</u>	23a. E	BURIAL, CREMATION, REMOVAL	23b. DATE		EMETERY OR CREMATOR	CITY OR TOW	N	COUNTY	STATE
BP		Burial	6-30-86	Broadf	ording Cem	etery Had	gerstow		
DHMH - 16 50M 4/83		UNERAL DIRECTOR	uneral Ho	Hagerst	own, Ma.	ATE REC'D. BY REGIST	RAR 25b REGISTR		1.00

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547MG Grad Total State State S

Suried 0-30-65 Broad Draing Gureterry Maderstown, Man., Md.

Mageretown, id.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed with 24 months age 4 may be endined by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely lined in my time funery in rector, page 3
should be detached for use as the burial-transit permit. Then please remove corbanopapers. Pages 1 and 2 sharing the filter within 2 hours after death. If the State Deat, of Health and Mental Hydene prior to burial, cremation, or removal.
IMPORTANT: If them 21 is marked or them 18 shews arm injury, or other traumatic event, the medical examination that the norther and the

		FOR STATE REGISTRAR CEASED NAME FIRST		DEPARTM	CERTIF	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE & CREG. NO		YEAR	5 3
		OR PRINT!		Bowman	•		June 2, 19		TEAR	9:05 M
		emale	4. RACE White		Dece	mber <sup>DAY</sup> 23, *1898	6 AGE (IN YEARS LAST BIR	YRS		IF UNDER 24 HRS HOURS MIN.
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	MEDI	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK  22a. Certify that (b) (this ho sow the deceased alive above, (i) (we) (did) (did)	ispital) attended the	e deceased from	9-	211. LOCATION STREET  4 19 54 d that in (my) (our) opinion d	city OR TO	2 19.5	OUNTY from the c	STATE that (l) (we) last couses stated
		22d. PHYSICIAN'S NAME ITY ARTHUR 6.	PE OR PRINTS	aola.	7	ATTENDING PHYSICIAN (X)	MEDICAL STAP ODIRECTOR PHYSIC	F	6/2 2. R	21701
	23a B	urial, cremation, remov Specify Burial	June 5	5, 1985 Lo	AME OF CE	EMETERY OR CREMATORY Le Park	23d. LOCATION CITY OF TOWN Woodlaw	n Balto.	, Ma	67.76
	Inc	neral Director Harry	H Witzke	& Family	v Fun	eral Home 250 DATE	TUN & REGISTISS	SS REGISTRAR'S		

DHMH - 16 50M 1/B1 (VRA 15, 4)

deletes 5. Sources 2, 17 6.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE 1. DECEASED NAME 20 DATE KNOWN MONTH TYPE OR PRINT) OF E 5 FOR YOUR FILES.

E) WITHIN 72 HOURS

W. PRESTON STREET, DAVID **BROOKS** 15 19 86 GLENN DEATH MATED JUNE 3. SEX 4 RACE & AGE (IN YEARS 5. DATE OF BIRTH IF UNDER 1 YR. IF UNDER 24 HRS DATE 23 VPS PRONOUNCED Male Black Oct. 20, 1962 JUNE 17 DEAD 76. CITIZEN OF WHAT COUNTRY? **9 BALTIMORE CITY OR COUNTY OF DEATH** To BIRTHPLACE (STATE OR MARRIED NEVER MARRIED X FOREIGN COUNTRY USA WASHINGTON WIDOWED [ DIVORCED FILE PAGE 5 VILD BE FILED, CORDS, 201 W ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION I TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY Washington County Hospital Laborer Hagerstown USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 134 INSIDE CITY LIMITS? 13e STREET ADDRESS Ba. STATE 136 COUNTY 13c CITY OR TOWN MD Montg. Gaithersburg 48 Anna Court/ 20877 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Willie F. Brooks, Sr. Dorothy Hammond 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 7 INFORMANT ADDRESS (YES, NO, OR UNKNOWN) LIF YES, GIVE WAR OR DATES Dorothy Brooks (mother) same as #13 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line far (o), (b), and (c).) PART I DEATH, WAS CAUSED BY: E-910 - DROWNING WOMENTS IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 199. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO X HOUR MAN MONTH DAY 210 EXTERNAL CAUSE WAS IC HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) DROWNED WHILE SWIMMING AT CONFLUENCE OF UNDERLYING OR 43M JUNE 1519 86 CONTRIBUTING CAUSE OF DEATH SHENANDOAH AND POTOMAC RIVER TILLOCATION THE BELOW SANDY HOOK BRIDGE NEAR 214 INJURY OCCURRED STREET, FACTORY, FARM, ETC.) WHILE NOT WHILE RIVER SANDY HOOK. WASHINGTON. Mp. PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: AFTER DEATH WITH THE S 220 I certify that I taak charge of the remains described above, held on Autopsy Inspection and in my apinian Accident X death resulted fram; Homicide Undetermined manner TITLE (SPECIFY) ACTUAL DATE JUNE 18,1986 DEPUTY SIGNATURE 217 WEST WASHINGTON STREET EXAMINER'S NAME EDWARD W. DITTO, 111, M.D. HAGERSTOWN, MARYLAND ADDRESS 23d LOCATION 23s BURIAL, CREMATION, REMOVAL 23b DATE 234 NAME OF CEMETERY OR CREMATORY 6-20-86 Burial Parklawn Memorial Park Rockville, Montg. MD 07/84 BP 25M 24 FUNERAL DIRECTOR 'S SIGNATURE DHMH - 17 Rockville, MD 20850 George R. Snowden (VR A15 ME (5))

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STATE OF MARYLAND

EPARTMENT	OF HEALTH	AND MENTAL	HYGIENE
CEI	RTIFICATE	OF DEATH	

DEPARTMENT	OF	HEALTH	AND	MENTAL	HYGIENE
CE	RTI	FICATE	OF	DEATH	

-		REGISTRAR			CERTII	ICAIL OF DEATH	REG. NO.				1	
1		CEASED NAME FIRST		MIDDLE		LAST	20. DATE OF DEATH MO	NIH DAY	YEAR	26. HOU	JR	
	{ TYPE	OR PRINT) Emily	Margaret			CARPENTER	June 14,			м		
I	3. SEX	X	4. RACE			OF BIRTH	6. AGE (IN YEARS LAST ORTHO		UNDER I YEAR	IF UNDER	R 24 HRS	
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Δ	/	Jesse	В.	Powel	1	Goldie	E.		Cart	augh	1	
7		VAS DECEASED EVER IN U.S. AI	RMED FORCES?	160. SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRESS					
	()	no -	21.7-1.8-8		774	Mr. James J.	Carpenter.	smiths	burg.	Md.		
		18 CAUSE OF DEATH (Enter o	nly one couse per	fine for (o), (b), one	(c).)				APPROX BETWEEN	ONSET AND	RVAL DEATH	
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	FICA	198 DATE OF OPERATION				ON WAS PERFORMED				OF DEAT	TH?	
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1		sow the deceosed olive on 19 ond that in (my) (aur) apinion death occurred on the date and hour and from the causes stated										
1		above, (1) (we) (did) (did not) view the body ofter death.  The SIGNATURE  DEGREE  221, DATE SIGNED /										
		L. A.	ATTENDING MEDICAL STAFF									
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TO FUNERAL DIRECTOR: After this certificate has been signed by the should be detached for use as the burial-transit permit. Then please rem

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h 3 be	1. DECEASED NAME FIRST	MIDDLE	Clark	20. DATE OF DEATH MONTH	13 86 10 A
4 moy	3. SEX	4 RACE	5. DATE OF BIRTH	6. AGE IN YEARS LAST BIRTHDAY)	IF UNDER T YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
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t, the	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly ane cause per line for (0), (b),			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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ore Dept.	MIGNATURE	Alles	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF  MIRECTOR PHYSICIAN	221. DATE SIGNED
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HO Fu		Richard T.	Binford	, M.D.		1135 Potoma	c Avenue, Ha	gersto	wn, Md.	21740
N	230	BURIAL, CREMATION, REM			23c. NAME OF C	EMETERY OR CREMATORY	23d LOCATION		CUNTY	STATE
BP		burial				en Cemetery	Hagerstown	n, Wash	., Mary	yland
DHMH - 16 60M 7/84			MINNICH	FUNERAL H	IOME	25a. DA	TE REC'D. BY REGISTRAR	256 REGISTRA	R'S SIGNATUR	₹E
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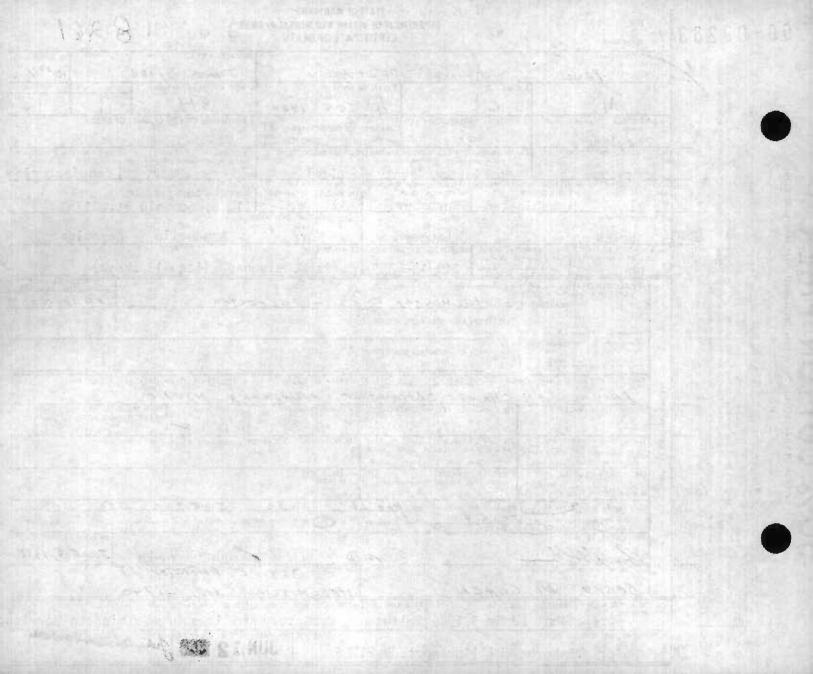
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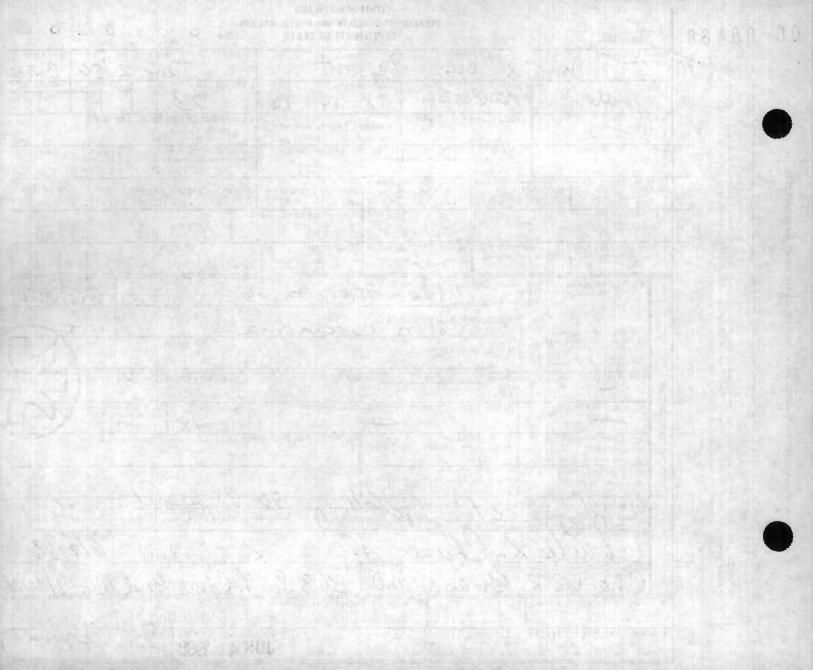
DHMH - 16 60M 7/84 (VRA 15, 4) 24 FUNERAL DIRECTOR

Major M.Osborne Williamsport, MD 21795

JUN: 12 By REGISTRAR 1358 REGISTRAR'S SIGNA NO THE STATE OF THE STATE



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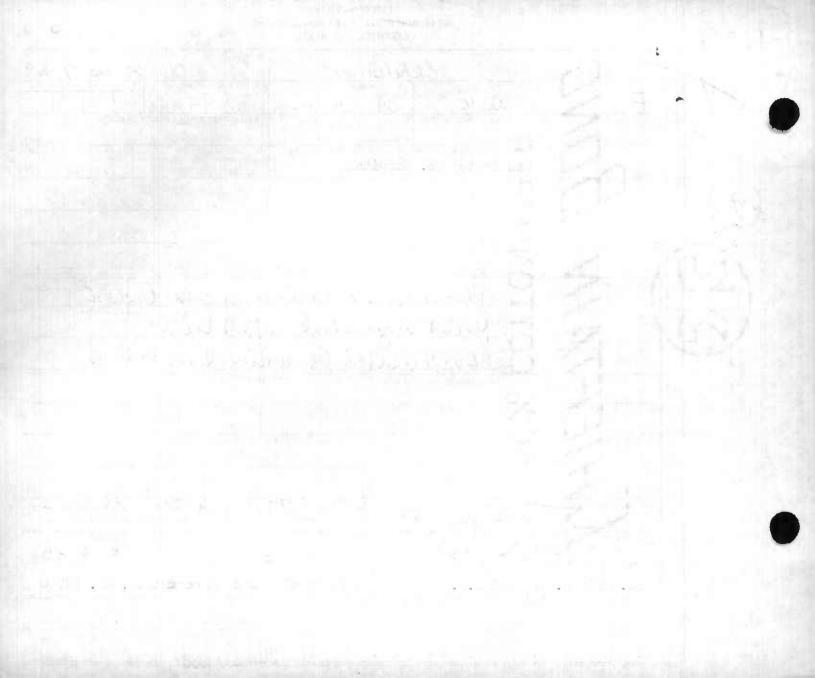
Home, Smithsburg, Md.,

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 1. DÉCEASED NAME (TYPE OR PRINT) OF ESTI DEATH MATED 3. SEX 4 RACE DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE MONTH LAST BIRTHDAY PRONOUNCED White 11-7-1891 Female DEAD TO CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) WIDOWED T DIVORCED Hungary 10. CITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY FOR MOST OF WORKING LIFE! Grocery Center Owner Maryla nd Hagerstown 30 STATE 136 COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? il W. Baltimore Washington Hagerstown Maryland YES. NO [ M. FATHER'S NAME 15 MOTHER'S MAIDEN NAME A ITEM 18. GIVE PAGES 1, ALONG WITH FORM PM T PERMIT. PAGES 1 AND 2 YGIENE, DIVISION OF WE MIDDLE Rindo Paula John Unknown 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16b. SOCIAL SECURITY NO. **ADDRESS** Julia E. Luhouse 202 W. Howard St. 214-34-7518 18 CAUSE OF DEATH (Enter only one cause per line for (g), (b), and (c APPROXIMATE INTERVAL BETWEEN PASET AND DEATH DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., CHIEF MEDICAL EXAMINER ALONG-BE USED AS A BURIAL - TRANSIT PERMIT THOF HEALTH AND MENTAL HYGIENE, MRIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 190. DATE OF OPERATION 20 AUTOPSY? TO MEDICAL EXAMINER: THIS CERTIFICATE SHOUND SEXECUTE THE CERTIFICATE, WRITING THE WORD, PAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USE AFTER DEATH, WITH THE STATE DEFARTMENTOF I BALTMORE, MARYLAND, 21201 PRIOR TO BURIA YES [ 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 214. HOW INJURY OCCURRED SENTERMATURE OF INJURY IN STEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING AUSE OF DEATH P.M 21e PLACE OF INJURY 21 LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK Vone 226 I certify that I took charge of the remains described above, held on Autopsy and in my opinion death resulted from Natural cames Accident Homicide Undetermined manner ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236 DATE Rose Hill Cemetery Mager's LOWIT HEADER TO REGISTRAR'S SIGNATURE Burial 07/84 25M 24 FUNERAL DIRECTOR 305 N. Potomac St. DHMH - 17 N. Minnich Hagerstown, Maryland (VR A15 ME (5))

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1.5	Female	4 RA	White		S. DATE O		6 AGE (IN YEARS LAST BIR	YRS	ITHS DAYS	FUNDER 24 HRS
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20 B	CITY OR TOWN OF DE	0 1	-0 11-11	CILITY, GIVE STREET	ed /	Mem. Home	ITYPE OF WORK FOR MOSE HOUSEWIF		NOUSIRY HO	
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or he	(IF EITHER, NOTIFY MED  21d. INJURY OCCUR  WHILE NOT W  AT WORK AT WO	RRED 2	PLACE OF LAT HOME, STREET,	EACTORY, OFFICE, F		211 LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
Dept. of Heolth and Men f Item 21 is marked or Ite MEDIC.	UIF EITHER, NOTIFY MED  21d. INJURY OCCUR  WHILE NOT WAT WORK AT WORK  22a 1 certify that (I	RRED 2	PLACE OF AT HOME, STREET,	eceosed from_	ARM, ETC	, 19 dthat in (my) (our) opinion DEGRÉE ATTENDING	deoth occurred on the d	, 19.	, the	ot (I) (we) los uses stoted
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH O REGISTRAR DECEASED NAME KNOWN ESTI-CLARENCE DEATH MATED AGE (IN YEARS IF UNDER 24 HR DATE LAST BIRTHDAY PRONOUNCED June 17,1907 78 male white DEAD 7h. CITIZEN OF WHAT COUNTRY? IN BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WASHINGTON Maryland USA WIDOWED X DIVORCED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS LIF NOT IN SUCH FACILITY, GIVE STREET ADDRESS! OR INDUSTRY Hagerstown Pangborn Washington County Hospital sheet metal USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMIS 13e STREET ADDRESS 13d INSIDE CITY LIMITS? Washington Maryland 21740 Hagerstown 11 S. Walnut St. 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Lewis Ernde Sadie Myers TEL SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO. OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 217 10 2886 Violet Cooper, Hagerstown, Md. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0 A RTERIO SCLEROTIC HEART Conditions, if ony, which gove rise to immediate couse (a) stating the underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELAIED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART T IN 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? YES [] IO BU 21g EXTERNAL CAUSE WAS 2Th. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH TIE PLACE OF INJURY (ATHOME. 211 LOCATION STREET, FACTORY, FARM, ETC.1 CITY OR TOWN COUNTY STATE NOT WHILE AT WORK AT WORK OGE 4 SHOULD BE FURN.

D FUNERAL DIRECTOR: P.

FIER DEATH, WITH THE ST 220. I certify that I taak charge of the remains described above, held an Autopsy ond in my opinion Undetermined manner deoth resulted from: Natural causes SIGNATURE EXAMINER'S NAME NA O 230 BURIAL, CREMATION, REMOVAL 236 DATE Rose Hill Cemetery Hagerstown, Wash., Maryland burial June 13,1986 07/84 25M 24 FUNERAL DIRECTOR MINNICH FUNERAL HOME 250, DATE REC'D. BY REGISTRAR 25h, REGISTRAR'S SIGNATURE DHMH - 17 415 E. Wilson Blvd., Hagerstown, Md. 21740 (VR A15 ME (5))

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STATE OF MARYLAND

1	STATE REGISTRAR		DEPART		HEALTH AND MENTAL HYG FICATE OF DEATH	IENE 3	O REG. NO.	18:	20
	DECEASED NAME	Beulah	Naomi	FLOC	DK		11, 1986	DAY YÉAR	26. HOUR 7:00 A
	Female	4 RACE Whit	е	5. DATE O	DE BIRTH  DAY 1911 YEAR	6 AGE LINYEA	RS LAST BIRTHDAY) YRS	IF UNDER LYEAR	IF UNDER 24 HRS HOURS MIN.
10	Washington	Co.,Md. U.	S. A.	WIDOW		Wash	CITY OR COUNT		М
30	Boonsboro	Rid	Box 28	BADDRESS)	OR OTHER INSTITUTION	12a USUAL OC (TYPE OF WORK F House	OR MOST OF WORKING		Home
j 13	Maryland	SING HOME OR OTHER INSTITUTION 13b. COUNTY Washington		VN			PRESS / ZIP COL	2171	3
10	FATHER'S NAME Webster	Wilson	Stottle		15 MOTHER'S MAIDEN NA/		MIDDLE	Ridenou	r
160	WAS DECEASED EVER	IN U.S. ARMED FORCES			Mr. Roger A.	Flook,	Rid. 1 H	Box 283	21713
sumatic event, i	PART I. DEATH W		OR AS (A CONSESSE)	IENCE OF	ionain are	7		BETWEEN	IMATÉ INTERVAL ONSET AND DEATH
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dor hearth sh	OR CONTRIBUTION TO	CAUSE OF DEATH HOUR ICAL EXAMINER)  RED 21e PLAC	OF INJURY A.M. MONTH D P.M. TE OF INJURY	19	21c. HOW INJURY OCCURE 21f. LOCATION			PART I OR PART 2)	
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T. If Hem 21	sow the deceas obove, (1) (we) ( 22b. SIGNATURE	ed alive on did) (did) in ha	dy other death 19_	MI	DEGREE  ATTENDING PHYSICIAN	MEDICAL	STAFF PHYSICIAN	Th. DATE	1 1
IMPORTANT	22d PHYSICIAN'S N.	AME (TYPE OR PRINT)	1		Grathy C	are, 9	Leedys	ville, W	d
≥7	BURIAL, CREMATION,	REMOVAL TO DATE	[22.	NAME OF C	EMETERY OR CREMATORY	23d LOCAT			

DHMH - 16 60M 7/84 (VRA 15, 4)

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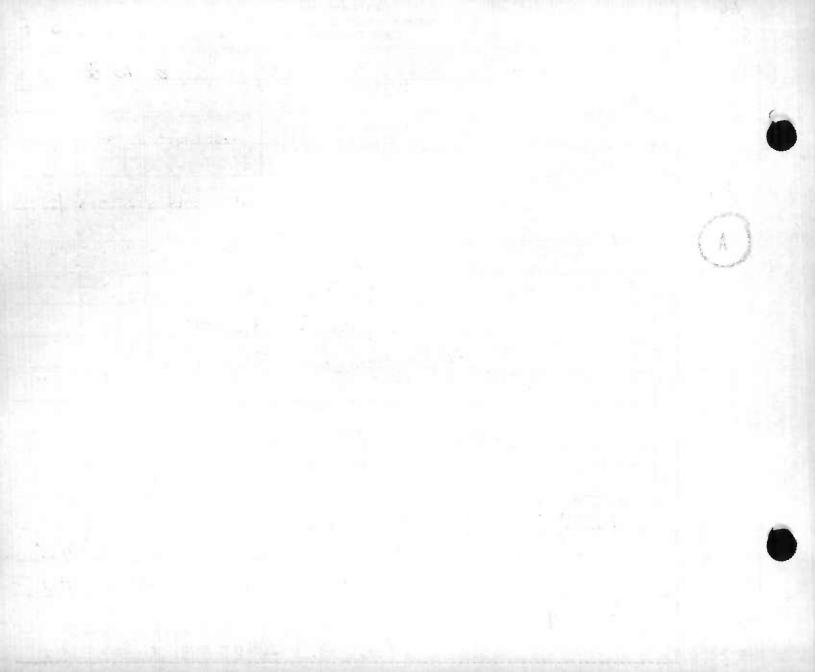
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John H. Bast, Jr.

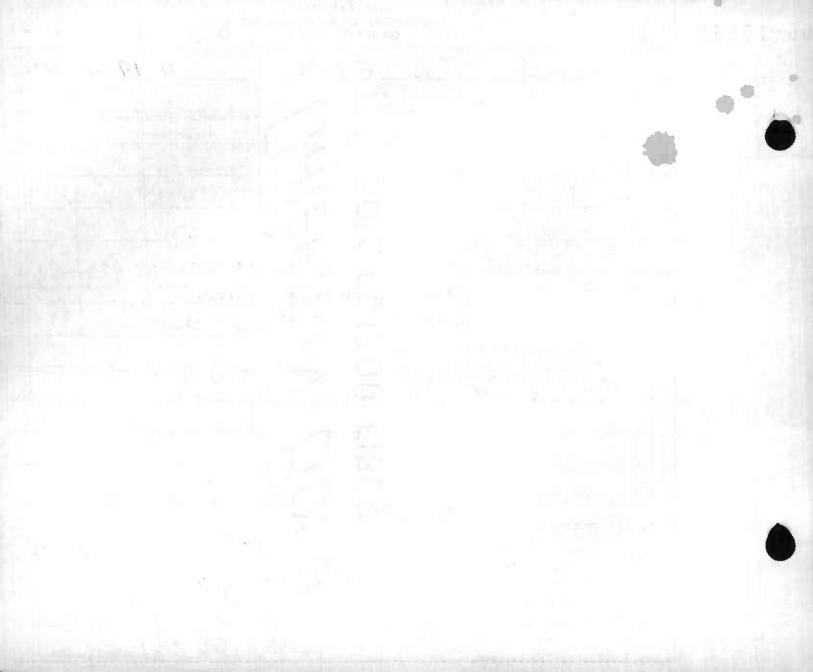
Boonsboro, Ma. 21713 JUN 13 1986 Julie Davidson Mandelles

seatle to the seb. f. 1301 will refer to romina aridarion Co., H. J. J. a. a. decasors dr. 1 Box 283 Con Home wighter mental domination and . I down 888 21713 or till wonder the moulement core Cole of Got for tradquile -1 - 61 Grandway Sandway Co. . Al. 

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH 1. DECEASED NAME MIDDLE MONTH YEAR 2b. HOUR (TYPE OR PRINT) deat 3. SEX 4. RACE 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR IF UNDER 24 HRS MONTH YEAR 26 6 O. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED DIVORCED Washington County 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY MSPF. NGIDEER USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e STATE 1136 COUNTY 13e.STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? 11195 Milestone Garden FATHER'S NAME 15. MOTHER'S MAIDEN NAME 1055 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Riverspring Ct. (YES, NO OR UNKNOWN) HE YES GIVE WAR OR DATEST Gull EsAtlanta, Ga Yes 18 CAUSE OF DEATH (Enter only one couse per ling for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o Conditions, if any, which gove rise to immediate couse (a), stating Wany a underlying couse DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED p IN CERTIFYING CAUSES OF DEATH? NOF NO [ YES T Mental Hygi 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21a ACCIDENT WAS UNDERLYING 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 21f. LOCATION ö 21e PLACE OF INJURY CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET Pa WHILE NOT WHILE AT WORK AT WORK his haspital) attended the deceased from 220.1 certify that saw the decembed and that in (my) (aur) opinion death accurred on the date and hour and from the causes stated (II (wa) did) (hid not) view the body after death 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING FUNERAL PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22d PHYSICIAN'S NAME LIVE OF PRINTS 22e ADDRESS should be 0 4 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OF TOWN COUNTY STATE Remova 16-18-86 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 NAME (VRA 15, 4) Anatomy Board Balto., Md



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO. 1. DECEASED NAME 2a. DATE OF DEATH MONTH (TYPE OR PRINT) miel 4 RACE 1. SEX 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR November 9, 1907 white 78 70 BIRTHPLACE ( STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. Washington Maryland WIDOWED DIVORCED 10 CITY'OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Hagerstown Washington County Hospital proprietor garage 136. COUNTY 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE Clear Soring P. O. Box 127 Route 40 Maryland Washington FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE LAST Lillian Edward Frantz Mace Reed I WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 166. SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 1931-1935 Mrs. Lillie Davenport, Clear Spring, MD. 214-09-6094 ves 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b) PART I. DEATH WAS CAUSED BY arresi Minuk Canditions, if ony, which gave rise to immediate cause (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 20a AUTOPSY? 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO NO [ 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) CITY OR TOWN COUNTY STATE NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from sow the deceased olive on a and that in (my) iour) apinion death occurred on the date and have and from the causes stated ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRES 23¢ NAME OF CEMETERY OR CREMATORY 230. 8URIAL, CREMATION, REMOVAL (SPECIFY) June 23,1986 St. Paul's Cemetery burial Clear Spring, Wash., Maryland 24 FUNERAL DIRECTOR 25a. DATE REC'D MINNICH FUNERAL HOME DHMH - 16 60M 7/84 415 E. Wilson Blvd., Hagerstown, Maryland 21740 (VRA 15, 4)



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8	1-	FOR STATE REGISTRAR		DEPAR	TMENT OF	TE OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	REG. NO.	8 2 / 2			
		CEASED NAME FIRST	Y1	MIDDLE		ON CD		1:30A			
		John	Lloy	ya		ON, SR.	June 27, 1986	M			
1	1. SE)		4 RACE		MONT		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS ON 145 DAYS HOURS MIN.			
m	-	male	whit	te	Feb	. 12, 1901	85 YRS				
5	7a. B)	Maryland	76 CITIZEN OF	WHAT COUNTRY	Y? 8 MARRII WIDOW	ED NEVER MARRIED	Washington	F DEATH MD.			
16	III. CI	TY OR TOWN OF DEATH				OR OTHER INSTITUTION	120 USUAL OCCUPATION	126. KIND OF BUSINESS OR			
7		Hagerstown	Washin	ngton Co	unty H		supervisor	bakery			
35	Ula: 5	TATE 136 COL		13c. CITY OR TO	WN	134 INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE 6 Forest Glen	21740			
1	14 FA	THER'S NAME Charles	MIDDLE	Gor	don	15. MOTHER'S MAIDEN NAM	ME MIDDLE	Mantler			
		VAS DECEASED EVER IN U.S. A		166 SOCIAL SE	CURITY NO.	17. INFORMANT	ADDRESS				
I		res, no or unknown) (IF YES O	SIVE WAR OR DATES)	216-07-	8313	Dorothy A	A. Gordon, Hagers	town, Md.			
		gove rise to immediate cause (a), stating the underlying cause last	(c)_	OR AS A CONSEG							
Vanis	NO	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0									
2	CERTIFICATION	19a DATE OF OPERATION	196 COND	IL CONDITION FOR WHICH OPERATION WAS PERFORMED				WERE FINDINGS USED YING CAUSES OF DEATH?			
7		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN	EATH HOUR A	OF INJURY I.M. MONTH	DAY YEAR	21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITEM 18 PA	ART I OR PART 2)			
	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE	OF INJURY		216 LOCATION STREET	CITY OR TOWN	COUNTY			
		22a.1 certify that (1) (this hospital) entended the deceased from adult 21 1986 to JUNE 26 1986, that (1) (while saw the deceased alive an above (1) (which is deceased alive an above (1) (which is did not view the body after death.									
		226 SIGNATURE	W. E	Haz	5, U		MEDICAL STAFF DIRECTOR PHYSICIAN	JUNE 27,1986			
1		224 PHYSICIAN'S NAME (TYPE				217 W. WASHING	TON ST. HAGERSTO	wn,Mo.			
	23a E	BURIAL, CREMATION, REMOVA SPECIFY) burial				cemetery or crematory ven Mausoleum	23d LOCATION CITY OF TOWN Hagerstown, Wa	sh., Maryland			

24 FUNERAL DIRECTOR MINNICH FUNERAL HOME
415 E. Wilson Blvd., Hagerstown, Md. 21740

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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DHMH - 16 60M 7/B4 (VRA 15, 4)

TATE SANGEN THE DELVIONE THE TON PARTIE A DAMES.

FITA DAMES.

HARRY PARTIES AND AND LOCAL TONE TONE.

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EL L. ABETTON IT. CALEBITONN, CO.

Belli pres. ..

	1		STATE OF MARYLAND			
00-11723	1	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYD CERTIFICATE OF DEATH	GIENE 8 6	0.	8213
oth 1		CEASED NAME FIRST PRESTO	W Cohumbus GRAYSON	20. DATE OF DEATH Tel	MONTH DAY	1986 6:45, M
ge 4 mo)	1. SE		A RACE B S. DATE OF BIRTH MONTH 24-1913	6. AGE (IN YEARS LAST BIR		JNDER 1 YEAR IF UNDER 24 HRS
eoth. Poe		IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY? & MARRIED   NEVER MARRIED   WIDOWED	BALTIMORE CITYO	R COUNTY OF	DEATH MD.
on softer d	97	ACETS TOWN	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATI		126 KIND OF BUSINESS OR INDUSTRY
24 hours	130 130	AL RESIDENCE (IN NURSING HOME STATE	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13d. ASIDE CITY LIMITS?	13e STREET ADORESS	ZIP CODE	-21701
MARYLL ed within	1	ATTS 64	LIDGE GLASISON BOSSISION		·e4.	LAST
ALTIMORE,	200	HE TO SEE ASED EVER IN U.S. AF	VEWAR OR DATES) 166 SOCIAL/SECURITY NO. 17 INFORMANT 20	NILLIAN	55MAN	1824 BLUNT
T., BALT		PART I. DEATH WAS CAUSE	nly one cause per line to (a), (by, and co.)  ED BY:  TE CAUSE (a) line of Tailing - Topical	- Systice	-	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
STON S eoth cer hending re certho	10	Conditions, if ony, which	DUE TO, OR AS A CONSEQUENCE OF			2weeks
W. PRE		gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF			
quires the signed Then plee to buriol niury, or	N N	PART 2 OTHER SIGNIFICANT	conditions contributing to Death BUT NOT RELATED TO THE TERM Coronary Artery Disease Se	MINAL DISEASE OR CON		
I. RECORD	CERTIFICATION	19a DATE OF OPERATION	190. CONDITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W	VERE FINDINGS USED NG CAUSES OF DEATH?
DIVISION OF VITAL  NG PHYSICIAN The offending physicion fifer this certificate h os in burger certificate h on or in certificate h on of the certificate h on of t	//	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH DAY YEAR		RY IN ITEM 18 PART	
C PHYS  G PHYS  er this continued in the	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE, FARM, ETC.)  21f. LOCATION STREET	CITY OR TO	wN	COUNTY STATE
TTENDIN pital or TOR: Aft for use o of Health		22a.1 certify that (I) (this hasp	atal) attended the deceased from	death occurred on the do		, that (I) (we) last
the hospital OR A DIRECted of the Dept.		22b. SIGNATURE	DEGREE ATTENDING	MEDICAL STAF	F IAN []	6-30-86
TO HOSPITAL etoined by the TO FUNERAL should be deto with the Stone with the Stone	7	22d PHYSICIAN'S NAME (TYPE O	CRPRINT)  AND  120 ADDRESS  HAGET	+	md	
BP	230	AURIAL, CREMATION, REMOVAL		FFD O	rick	ountred ma
DHMH - 16 60M 7/84	24 F	ONERAL DIRECTOR	STITAMONA POLIS-MAZO DA	TE REC'D. NY WEGISTIKAN	256 REGISTRAR	R'S SIGNATURE

TOTAL STATE OF THE Extended the second of the sec

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 20 DATE OF DEATH I DECEASED NAME (TYPE OR PRINTS ICHARD 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR IF LINDER 24 1.5EX (analy MONTH BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? BIRTHPLACE I STATE OF FOREIGN MARRIED NEVER MARRIED Maryland DIVORCED [ WIDOWED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12n USUAL OCCUPATION 17h KIND OF BUSINESS OR CITY OF TOWN OF DEATH LTYPE OF WORK FOR MOST OF WORKING LIFET INDUSTRY Drver Puller Brick Manuf/ 13e STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? NO I Red Men'Allev 21795 4. FATHER'S NAM 15. MOTHER'S MAIDEN NAME FIRST Jennie Catherine Elmer Guessford Hose David ADDRESS 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES! 166 SOCIAL SECURITY NO YES, NO OP UNKNOWN) Bernice Guessford 220-16-0755 (item 13 above) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for its PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if onv. which gove rise to immediate couse (o), stoting the DUE TO, OR A! underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO NO YES 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF FITHER NOTIFY MEDICAL EXAMINER) P.M 19 211 LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY COUNTY CITY OF TOWN STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 22a.1 certify that (1) (this haspital) attended to deceased from sow the deceased alive on above, (1) (we) (did) (did/hat here the hai , and that in (my) (our) apinion death accurred on the date and hour and from the causes stated pfter death 226. SIGNATURE DEGREE 22c DATESIGN MEDICAL ATTENDING STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRE 27d PHYSICIAN'S NAME TYPE OR PRINT) 23d LOCATION 23c NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, REMOVAL 23h DATE (SPECIFY) CITY OR TOWN Greenlawn Memorial Pk/WilliamsportWashingtonMaryland BP Burial .1986 25a DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 50M 4/83 Major M.Osborne Williamsport, MD 21795 Swie very down frontesse (VRA 15, 4)

Constitution of the second section of the second Protection and the Cartification of the state of the stat

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. June 14 L DECEASED NAME GUYTON Alice 1986 TYPE OR PRINTS Mary 1.5EX 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR IF UNDER 24 HRS 23. 1902 Echale White Sept. 83 PARTHPLACE (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED U.S.A. Washington County Maryland WIDOWED DIVORCED | II. CITY OR TOWN OF DEATH INDUSTRY Ravenwood Lutheran Village Housewife Hagerstown 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? 21740 Maryland Washington 104 Holly Terrace Hagerstown 15. MOTHER'S MAIDEN NAME MIDDLE David Slifer Lewis Elsie A. A. 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS Holly Terrace (IF YES, GIVE WAR OR DATES) 212-50-8079 Dwight W. Guyton Hagerstown, Md. No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) 1-1 cta Atatic Concino una DUE TO, OR AS A CONSEQUENCE OF Siductor? er com our o Conditions, if ony, which gave rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG Astrioschus tie Candio-Verculas Arterio delucia 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED. 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [ 21a. ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 10 22a.1 certify that (1) (this haspital) attended the deceased from. and Con the deceased alive on 3 3 3 and above, (I) (we) (did (did not view the bady after death, 10 86 , and that in (my) (aur) apinian death accurred on the date and haur and from the causes stated 226. SIGNATURE DEGREE 22c. DATE SIGNED

230 BURIAL, CREMATION, REMOVAL 236 DATE Pleasant View Cemetery Byrkittsville, Frederick 6-17-86 Burial 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE Adagerstown, Md. DHMH - 16 60M 7/84 5 Been Con

4 W

MEDICAL

PHYSICIAN DIRECTOR PHYSICIAN

14 June 26

ATTENDING

(VRA 15, 4)

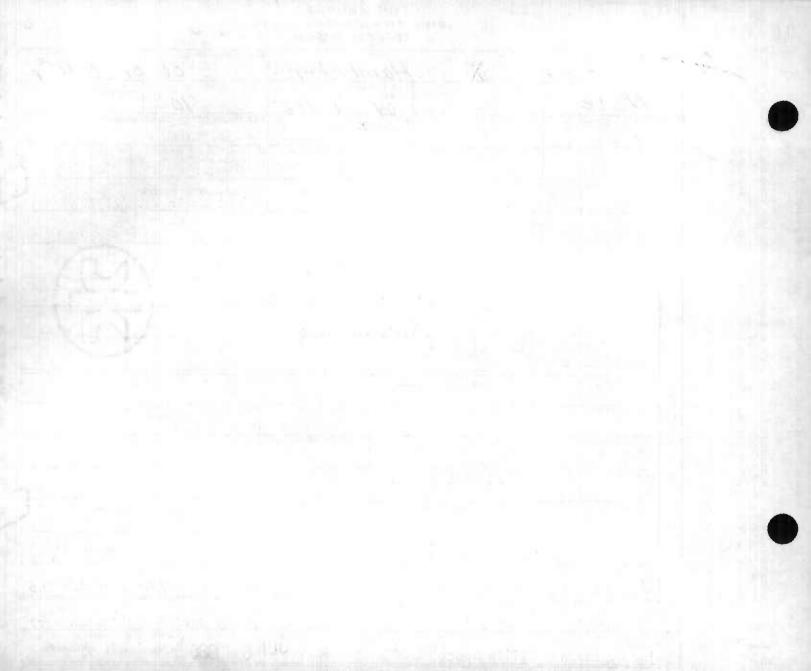
22d PHYSICIAN'S NAME (TYPE OF PRINT W. N. Fender

K. Coffman Funeral Home Inc.

unite \_\_\_\_\_\_\_22, 1202 re3 provide contract without a more to more address. The pro-Testis ... olais timi ... Day and the state of the control of the state of the stat Libert stown, Hell nallemoil istonal maniles a.A.

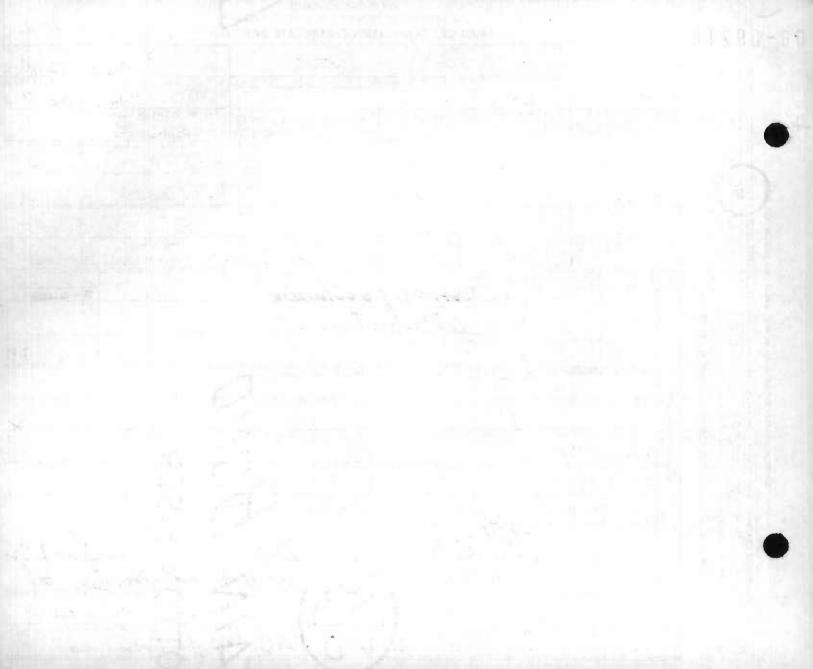
Major M. Osborne

(VRA 15. 4)



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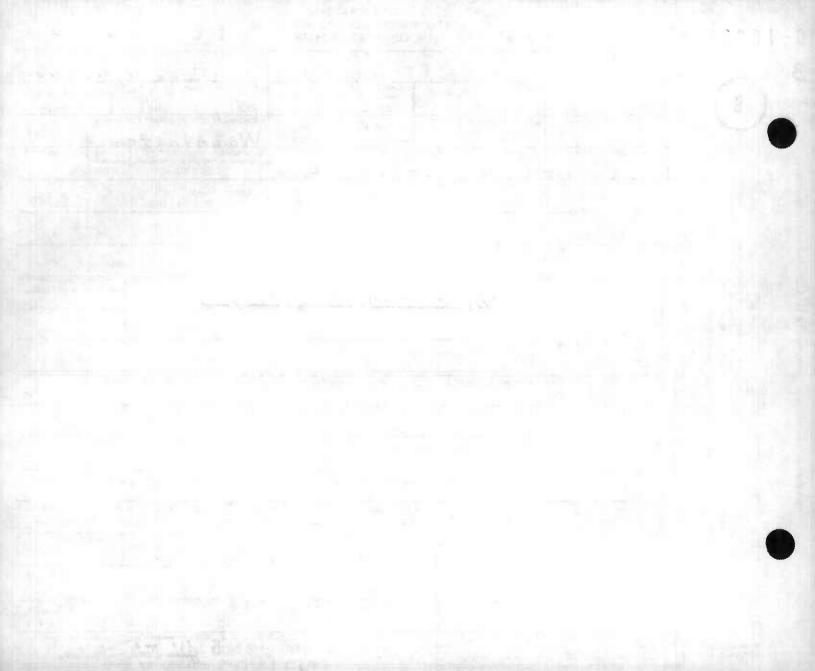
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE KNOWN (TYPE OR PRINT) OF ESTI-Carrol1 IRVING Leo DEATH MATED 4. RACE & AGE (IN YEARS | IF UNDER TYR. | IF UNDER 24 HRS SEX DATE OF BIRTH DATE LAST BIRTHDAY) PRONOUNCED white male June 8, 1930 55 DEAD 7b. CITIZEN OF WHAT COUNTRY? IN BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED K FOREIGN COUNTRY Maryland USA DIVORCED Washington O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY Route 5, Box 324 inspector Hagerstown furniture USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13e STREET ADDRESS 13a STATE 1136 COUNTY 13d INSIDE CITY LIMITS? 13c CITY OR TOWN Washington Route 5, Box 324 Maryland Hagerstown 21740 NO X YES 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME ALIDDLE MIDDLE Irving Lewis Mary Ethe1 Green 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 1951-1954 216 30 3105 Lewis E. Irving, Hagerstown, Maryland CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Sedder DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES 21g. EXTERNAL CAUSE WAS 216 TIME OF INJURY 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH PM 21e PLACE OF INJURY (AT HOME 211. LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) CITY OR TOWN STATE COUNTY 220. I certify that I took charge of the remains described above, held an Autopsy TO MEDICAL EXAMINI
EXECUTE THE CERTIFIC
PAGE 4 SHOULD BE F
TO EUNERAL DIRECTO
AFTER DEATH, WITH TH
BALTIMORE, MARYLAN death resulted fram: Natural cause Hamicide SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236. DATE 23¢ NAME OF CEMETERY OR CREMATORY June 4, 1986 Rose Hill Cemetery Hagerstown, Wash., Maryland buria1 BP 24 FUNERAL DIRECTORINNICH FUNERAL HOME 250 DATE REC'D. BY REGISTRAR 1256 REGISTRAR'S SIGNATURE **DHMH** - 17 415 E. Wilson Blvd., Hagerstown, Md. 21740 (VR A15 ME (5)) 20M 4/82



	STATE OF MARYLAND  FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE	Cour,
0-10227	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH  CERTIFICATE OF DEATH	8 2 1 4
17 . 25	ECCEASED NAME PAST	986 6:10 AM
e 4 moy t	4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BRITHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
	BIRTHPLACE (STATE OR FOREIGN 18 CITIZEN OF WHAT COUNTRY? 8 MARRIED MEVER MARRIED WASH. CO.	MD.
	CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IPP OF WORK FOR MOST OF WORKING LIFE  AGERSTOWN  126 USUAL OCCUPATION (IPP OF WORK FOR MOST OF WORKING LIFE  MECHANIC	12b. KIND OF BUSINESS OR INDUSTRY
To the state of th	UAL RESIDENCE I IF NURSING A COURT NINSTITUTION GIVE RESIDENCE BEFORE ADMISSION)  STATE  A 136 STREET ADDRESS / ZIP CODE  TAY ETT ZWILLE YES NOTHER'S NAME  15 MOTHER'S NAME	De. 99999
MAN 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	SYLVESTER MIDDLE JOHNCOUR AMANDA MIDDLE	14164
TIMORE.	WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT 300 PAYETELD 300-05-9864 JUNE JUHNOUR 300 PAYETTEU	
ST, BAL	PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (0) SUDDEW CANDIO-PULM. MAKEST	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
death or death or attending thori, or roumate	Conditions, if any, which gave rise to immediate	
DIW PI	couse 101, stoffing the underlying couse lost.  DUE TO, OR AS A CONSEQUENCE OF HYPERIES CLERGTIC CV. DIS.	
RDS, 20	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE REMAINED FAILURE; ABD. ADRICA AMEGINESO.	EN IN PART 110
AL RECO	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200. IF YES IN CERTIFY YES NOTED YES NOTED YES	
I OF VIT	216. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY ACCIDENT WAS UNDERLYING A.M. MONTH DAY YEAR 19. 19. 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. P. CONTRIBUTING A.M. MONTH DAY YEAR P.M. 19.	ART 1 OR PART 2}
IVISION The the the total Med of the the	216 NJURY OCCURRED  WHILE NOT WHILE AT WORK  AT WORK  AT WORK  210 PLACE OF INJURY  (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)  211 LOCATION  STREET  CITY OR TOWN	COUNTY STATE
TTENDS AND TO THE T	220.1 certify that (1) (this hospital) oftended the deceased from 2.25, 19.30 to 6.75, sow the deceased alive on 6.70, and that in (my) (our) opinion death occurred on the date and hour obove, (1) (we) (did) (did not) view the body after death.	19 that (I) (we) lost and from the couses stated
A DR	226 SIGNATURE  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN D	6.1086
D FUNES Could be the St	27d PHYSICIAN'S NAME APPEORPRINT)  OTO ROZA  120 LONG HEADON DRIVE H	4CENSTOUR h.D.
999999	6/10/00/07/01/01/01/01/01/01/01/01/01/01/01/01/01/	WILLIN A
DHMH - 16 60M 7/84 - (VRA 15: 4)	RESCHOLA F.H. THE AN PHILL ADDRESS CHILLS PA 1720 IN 18	

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	1			STAT	E OF MARYLAND	•			
0289	1.	FOR STATE REGISTRAR	DEPAI		EALTH AND MENTAL HYG ICATE OF DEATH	IENE S REG. NO	D.	8 2	8
	1. DE	CEASED NAME FIRST	MIDDLE		AST	20. DATE OF DEATH	MONTH DAY	YEAR 26 H	IOUR
th 3		ARthui	e Delman	JOH	INSON	Tu.	ne. 18.	FR6 9:	10 A
	3 SE		4 RACE	5 DATE (	OF BIRTH	6. AGE (IN YEARS LAST BIRT	HDAY) IF UNI	DER I YEAR IF UN	DER 24 HR
1 6 /		male	white		1, 1903	83	YRS.	IS DATS HOU	C) MIN
		IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTR	Y? 8	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF D	EATH	
8 28 13		Virginia	USA	WIDOWI		Washi	nator		A
1190	NA	III or town of DEATH	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCHFACILITY, GIVE STR	REET ADDRESSI	OR OTHER INSTITUTION	12a USUAL OCCUPATI (TYPE OF WORK FOR MOST O Mecha	ON 12 F WORKING LIFE) IN	b. KIND OF BUS IDUSTRY Cement	INESS C
25		AL RESIDENCE (IF NURSING HOME OF STATE 13% COUI Maryland Wash	ROTHER INSTITUTION, GIVE RESIDENCE BE	FORE ADMISSION)	134. INSIDE CITY LIMITS? YES NO TO	13. STREET ADDRESS Route 10	, Box 7	2	1740
The state of the s	2	ATHER'S NAME FIRST William	MIDDLE LAST Johns	son	IS MOTHER'S MAIDEN NA FIRST Margaret	ME		LAST	
1 12	160	WAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SE	CURITY NO.	17 INFORMANT	ADDRE	SS		
Pupp Pupp		no			Helen Johns	on, Hagerst	own, Mar	yland	
law requires that the deabeen signed by the attend. Then please remove carling to burial, cremation,	VIION	Canditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT (	DUE TO, OR AS A CONSECT  (b)  DUE TO, OR AS A CONSECT  (c)  CONDITIONS CONTRIBUTING T	OUENCE OF		INAL DISEASE OR CON			
cian. ificate has the nost permit Hygiene pr	CERTIFICATION	196 DATE OF OPERATION	198 CONDITION FOR WHI	CHOPERATIO	N WAS PERFORMED	YES NO	20b. IF YES, WEI IN CERTIFYING YES	CAUSES OF D	EATH?
physic physic scent al-tra al-tra ental		210. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART I O	OR PART 2)	
ibing Philading attending : After thi ss the burilith and M marked c	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	210 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFK		211 LOCATION STREET	CITY OR TOW		YIAUC	STATE
on ATTEN hospital or a DIRECTOR hed for use a Dept. of Heal		abave, (I) (We) (Gid) (did no	attended the deceased from	96,0	d that in ( ) ( apinian	death accurred on the de	ate and haur and		s stated
TO HOSPITAL STREAMENT TO FUNERAL DISSIPLING With the State Department of the S		THE SIGNATURE OF THE OTHER OF THE OTHER OF THE OTHER O	2 Miles	<u> </u>	22e ADDRESS	MEDICAL STAF	F IAN 🗵	224. DATE SIGN	ED
retained TO FUN should b with the		John R. Mel			Gait	0 Frederick hersburg, M			
BP	23a (	Burial, Cremation, Removal SPECIFY) burial	June 20,1986 1		ven Cemetery	23d LOCATION CITY OF TOWN Hagerstow	n, Washi	ngton,	Md.
DHMH-16 25M (VRA 15, 4) 1/79		UNERAL DIRECTOR MINN 415 E. Wilson B	NICH FUNERAL HOR Blvd., Hagerstov			23 1986 A	154 AGISTRAR'S	ATA	0.3



## STATE OF MARYLAND

DEPARTM	NENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	GIENE 8 6 REG. NO.	18	2 8 1
E	LAS1	26 DATE OF DEATH MONTH	DAY YEAR	26 HOUR
llan	Johnston Sr.	June 7	1986	? ^
	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
	July 14 1916	69 YRS	MONTHS DAYS	HOURS MIN.
T COUNTRY?	8	9 BALTIMORE CITY OR COUN	TY OF DEATH	

Male White TO. BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY?

Mc C

MARRIED NEVER MARRIED DIVORCED [ WIDOWED

Johnston

DUE TO, OR AS A CONSEQUENCE OF

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

Washington County 12h KIND OF BUSINES LIYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Foundry

Hagerstown Locust Street

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and ic

IMMEDIATE CAUSE (0)

Washington Hagerstown

N. Locust 15 MOTHER'S MAIDEN NAME

Supervisor

13e STREET ADDRESS / ZIP CODE

MIDDLE

ADDRESS

Street Shearer

160 WAS DECEASED EVER IN U.S. ARMED FORCES? NO OR UNKNOWN)

PART I. DEATH WAS CAUSED BY

Lee

Geor ge

Pennsylvania

Maryland

Robert

17 INFORMANT

Eva

MYOCANDIAL INFARCTION

219-07-6998 Mildred E. Johnston same as 13

Canditions, if ony, which gove rise to immediate cause (a), stating the underlying couse last

FOR - STATE DECEASED NAME

SEX

ARTERIOSCLERUTIC HEART DUE TO, OR AS A CONSEQUENCE OF

APPROXIMATE INTERVAL
BETWEEN ONSET AND DEATH

SUDDEN

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

220.1 certify that (1) this hospital) attended the deceased from MARCH 28

sow the deceased olive on 44 y 6 abave, (Like) (did) (did not) view the bady after death

NONE 190 DATE OF OPERATION NONE

19h CONDITION FOR WHICH OPERATION WAS PERFORMED

IN CERTIFYING CAUSES OF DEATH? NO YES [ 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

CERTIFICATION 216. TIME OF INJURY 71a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

HOUR A.M. MONTH DAY YEAR 21e. PŁACE OF INJURY

20a AUTOPSY?

21d INJURY OCCURRED WHILE NOT WHILE

211 LOCATION (AT HOME STREET FACTORY OFFICE FARM ETC.)

and that in (my) (aur) opinion death occurred on the date and have and from the causes stated

206. IF YES, WERE FINDINGS USED

22h SIGNATURE

ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 22c. DATE SIGNED 06-09-86

BARRY M. COHEN

23a BURIAL CREMATION, REMOVAL

231 NAME OF CEMETERY OR CREMATORY

DEGREE

E. ANTIE THAT ST

24 FUNERAL DIRECTOR

MEDICAL

305 N. Dotomac St. Minnich Hagerstown, Maryland

Rose Hill Cemetery Hagerstown Wash

DHMH - 16 60M 7/84 (VRA 15, 4)

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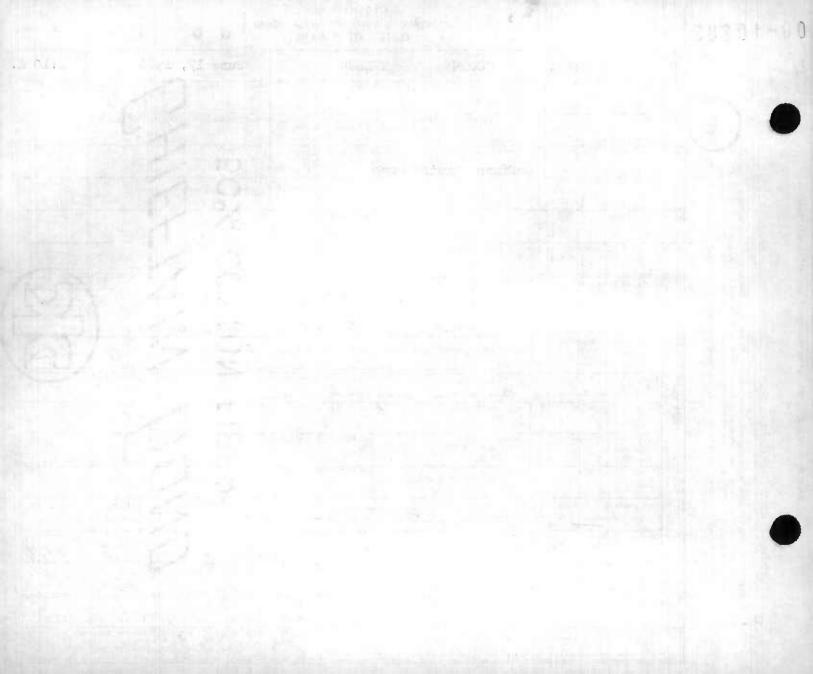
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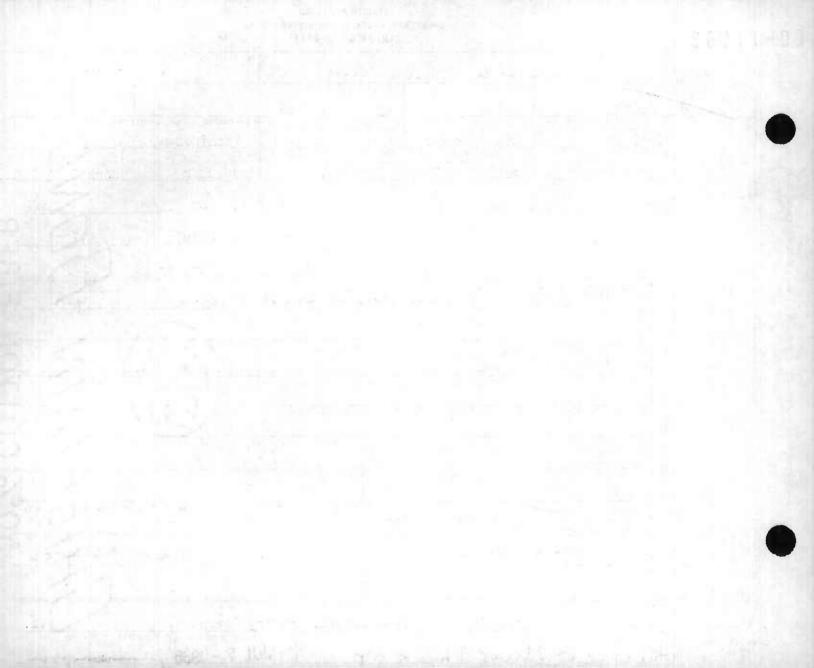
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	1			SIAI	TE OF MARYLAND			
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de franches de de		TY OR TOWN OF DEATH	11. NAME OF HOSE	TAL, NURSING HOME	OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION 12b. H	CIND OF BUSINESS
oy the	Ha	gerstown	Washing	ton County	y Hospital	Sales Mai		S. Co.
	130.	AL RESIDENCE (IF NURSING HOME COTATE 136. COU	PROTHER INSTITUTION GIVE INTY 130	RESIDENCE BEFORE ADMISSIONS	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	/ ZIP CODE	21740
The state of the s		THER'S NAME	i i i i g com i i	agerstown	YES NO X		Road	
1001		William Or	lando	Keasey	Edna	Pearl	Mi	lelr
d cole		VAS DECEASED EVER IN U.S. A	RMED FORCES? 16b.	SOCIAL SECURITY NO.	17 INFORMANT		rcc	Box 26
n ond c Poges	1		VII 18	8-20-6617	Bonnie M.		lear Spr	
that the death cr d by the ottendin lease remove corb iol, cremotion, or or other traumatic		Conditions, if ony, which gove rise to immediate couse IoI, stating the underlying cause lost.	(b) DUE TO, OR AS	A CONSEQUENCE OF				
equires n signe Then p to bur injury,	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTR	BUTING TO DEATH BU	T NOT RELATED TO THE TE	RMINAL DISEASE OR CON	NDITION GIVEN IN P	ART 110
on. hos bee t permit.	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION	FOR WHICH OPERATION	ON WAS PERFORMED	20g AUTOPSY?	20b. IF YES, WERE IN CERTIFYING C. YES	FINDINGS USED AUSES OF DEATH?
F 5 5 5 5 5 5	18	21a ACCIDENT WAS UNDERLYING	216. TIME OF INJ		21c HOW INJURY OCCU	JRRED (ENTER NATURE OF INJU	JRY IN ITEM 18 PART I OR P	ART 2)
CIAN: g physical phys		OR CONTRIBUTING CAUSE OF DE	AIR	MONTH DAY YEAR				
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by tilled		agerstown		County Ho	spital	Inspector	
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1 2 2 E	14. F#	ATHER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIDEN NAM	MIDDLE	LAST
a la		William	Newton	Moore	011ie	Olivia	
e execut		VAS DECEASED EVER IN U.S.	ARMED FORCES? 16b SC	OCIAL SECURITY NO.	17. INFORMANT	ADDRES	SS
Pogn P	L '	No		26 6779	John King	Same a	s 13
th certificate anding physic carbanpape or emoval.		18 CAUSE OF DEATH (Enter PART I: DEATH WAS CAU IMMED	IATE CAUSE (a)	(a), (b), and (c).)  CONSEQUENCE OF	retic Heart	Diserse	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  YM
that the dear that the atter ease remove. I cremation r other troum		Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A	CONSEQUENCE OF			
us, zo signec hen pli o buri jury, o	z	PART 2. OTHER SIGNIFICAN	T CONDITIONS CONTRIB	UTING TO DEATH BUT	NOT RELATED TO THE TERMIN	VAL DISEASE OR CONE	DITION GIVEN IN PART 1(0)
n. nos been sig	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION F	FOR WHICH OPERATIO	ON WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES \( \subseteq \text{NO} \)
NG PHYSICIAN: The attending physicial than this certificate to as the buriol-transit than and Mental Hygis orked or tem 18 should be attended or tem 18 should be		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. M	RY CONTH DAY YEAR	21c. HOW INJURY OCCURRE		
OING PHYSIC or attending After this cen e os the buriol of the of Ment marked or Iten	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJ		211. LOCATION STREET	CITY OR TOV	VN COUNTY STATE
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Of Or Sports	23a. I	BURIAL, CREMATION, REMOV	AL 23b. DATE	23c. NAME OF	CEMETERY OR CREMATORY	236 LOCATION	COHNTY CTATE
D 5 0 4 5 M	23a. I	BURIAL, CREMATION, REMOV SPECIFY) Burial	AL 236. DATE 46/22/1986		U.Meth.Cemeter	Staunton	COUNTY STATE Va.



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1				EASED NAME OR PRINT)			WIDDLE			LAST		20 DATE	KNOWN	MONTH	DAY	YEAR	26 HOUR
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		S NECESSARY, PLEASE FUNERAL DIRECTOR. E. S FOR YOUR FILES. W. PRESTON STREET,	FOI R	ussia		U.S.A.		1	WIDOW		VER MARRIED		,	W 18	4111	GTO	11
+.0		N. S.		TY OR TOWN	OF DEATH	II. NAME OF HO		SING HOME				20 USUAL OCC		-		ND OF BU	PAID.
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	DS.	AND		PART.2 OTHER SIG	GNIFICANT CONDITIONS	1-7	H BUT NOT RELA	IED TO THE TERM	INAL DISEASE	OR CONDITION	GIVEN IN PART 1	(0)					
	DIVISION OF VITAL RECORDS, 201 W. PRESTON ST	ULID BE EXECUTED "PENDING" IN PIECE MEDICAL EXAMED AS A BURIAL-E HEALTH AND MEAL, CREMATION, (	Z	7512						. OR CONDITION	ONEN IN FART I	10					
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		MAN PER	1	death resulte	ed from: Natur	ol causes	Accident	, Sui	cide .	, Homici	ide .	Undetermined	manner _	,			
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	25M	DHMH - 17	24 FL	NERAL DIREC	TOR	305000	I. Po	tomac		2	50. DATE REC	D. BY REGISTI	RAR 256 REG	GISTRAR'S	SIGNAT	URE	
		(VR A15 ME (5))	Ge	rald N	I. Minni	ch Hage	ersto	wn M	arvi	and J	UNLA	(1900) a	Julia Da	vidson-	Mand	Alle:	
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Land Control 1206 - Test Land 1200a - Control the state of the s The state of the second of the

0-09439	1-	FOR STATE REGISTRAR		DEP	ARTMENT OF H	OF MARYLAND EALTH AND MENTA ICATE OF DEATH	ł	REG. NO.	! 8	die	8 6
		CEASED NAME FIRST Mara	uerite	Brandt		Lampe	20	DATE OF DEATH MONTH		986	10:18 p.
r, page 3	3. SE	(	4 RACE		5. DATE C	DF BIRTH		AGE (IN YEARS LAST BIRTHDAY)		ER ) YEAR	IF UNDER 24 HRS HOURS MIN.
ge 4	re	male	Cauc	asian	10	12 189	95		rRS.		
meral dis		RTHPLACE (STATE OR FOREIGN MD	76. CITIZEN OF	WHAT COUNTY	MARRIE WIDOWE	D NEVER MARRIE		Washington			MD,
s offer d by the fu iled with		TY OR TOWN OF DEATH ONSDORO	(IF NOT IN SU	JCH FACILITY, GIVE		OR OTHER INSTITUTION		usual occupation type of work for most of work Homemaker		L KIND OI DUSTRY HOI	F BUSINESS OR
24 havr filled in bould be f	13a. S	AL RESIDENCE (IF NURSING HOME ( TATE 13b, COL	OR OTHER INSTITUTIO	130 CITY OF	BEFORE ADMISSION	13d INSIDE CITY LIM	NITS? 13	street address 377 Maryde:	ll Rc	ad	21229
BALTIMORE, MARYLAND 21201  Recuted within 24 hours in by appers. Pages fond 2 strould be file in the medical example comes be not. It, the medical example comes be not.	14. FA	THER'S NAME FIRST	WIDDIE	Bran	hdt	15 MOTHER'S MAID		WIDDLE		LASI	Т
medical	16a' V	VAS DECEASED EVER IN U.S. A (15 YES, 10 OR UNKNOWN) (15 YES, C	RMED FORCES?	16b SOCIAL	SECURITY NO.	Jan E.	Bute	Greensbor r 15 Milpo	co. Nond I	C 2	7405
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	anly one cause pose SED BY: ATE CAUSE (a)_	er line far (a), (	dising the		ne,	27	F	APPROXU BETWEEN C	MATE INTERVAL ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., ING PHYSICIAN: The law requires that the death lettle rate adding physicion.  Uter this certificate has been signed by the attending os the burial-transit permit. Then please remove carbon for she burial-transit permit. Then please remove carbon into and Aental Hygiene prior to burial, cremation or remorked or fee all shows any injury, ar other traumatic even arked or fee.	Z	Canditians, if any, which gave rise to immediate cause (al), stating the underlying cause last.	(b)_ DUE TO, ( (c)_	OR AS A CON		nor De	reas		N GIVEN IN	PART 110	o .
he law req on. has been t permit. It ene prior th	CERTIFICATION	19a. DATE OF OPERATION	196 CONI	DITION FOR W	VHICH OPERATIO	N WAS PERFORMED		20a AUTOPSY? 20b.	IF YES, WER CERTIFYING YES	E FINDIN CAUSES	NGS USED OF DEATH? NO
OF VITA ICIAN: TI B physicial entificate ial-transit ntal Hyge	-	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN	EATH HOUR	OF INJURY A.M. MONTH P.M.	H DAY YEAR	21c. HOW INJURY C	OCCURRED	ENTER NATURE OF INJURY IN ITE	M 18 PART 1 O	R PART 2)	
IVISION JG PHYS orthodom ter this c s the bur h and Me	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK		E OF INJURY STREET, FACTORY, C	DFFICE, FARM, ETC.)	211 LOCATION STREET		CITY OR TOWN	C	OUNTY	STATE
ENDIN tal ar OR: Af OR: Af	þ	22a.1 certify that (1) (this has		the deceased		nd that in (my) (aur) a	NO. 34 P. P. S. S.	, toath accurred an the date an	, 19		that (I) (we) last
At OR ATT of the hasping at Direct detached fa detached fa detached fa frem 2		abave, (I) (we) (did) (did i	nati view the bad	Jus.		DEGREE ATTEND	NING	MEDICAL STAFF DIRECTOR   PHYSICIAN [	2	6/11	
O HOSPITAL etained by th TO FUNERAL should be detr with the State		22d. PHYSICIAN'S NAME (TYPE	FUN	и		22. ADDRESS 0.0. BOX	546	Keedyprel	le,n	1.	51713
PP	23a 6	Burial Cremation, REMOVA	1 .	3-86		el Cemet		23d LOCATION Baltimore	Cita	NTY M	STATE
DHMH - 16 50M 4/B2 (VRA 15, 4)		JNERAL DIRECTOR ac Nabb Funer	al Hom	ne, Ca		2	So DATER		EGISTRAR'S		

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injury, or other troumotic event,

should be detoched for use as the buriol-transit permit. Then please remove cowith the State Dept. of Health and Mental Hygiene prior to buriol, cremation, with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, IMPORIANI: If them 21 is marked or Item 18 stows any injury, or other trauma

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1.	REGISTRAR				CERTIF	ICATE OF DEATH	REG. NO.		
	CEASED NAME	FIRST	Ma	MIDDLE	l	AS1		DAY YEAR	2b. HOUR
LITPI	E OR PRINT)	lice		7.	LAK	imore	6.20	9-86	3.00 P M
3. SE	X	4.	RACE		5. DATE C			IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
1	Female.		Whi	te	MONTH 5	12 1894	92 YRS	DATS	HOURS MIN.
	RTHPLACE (STATE OR FO	DREIGN 76		WHAT COUNTR'	Y? 8		9 BALTIMORE CITY OR COUNTY	OF DEATH	
	AGERSTOW 1	100	us	A	WIDOWE	DIVORCED DIVORCED	WASHINGTON		MD.
	ITY OR TOWN OF DEA	тн 11			ING HOME	OR OTHER INSTITUTION	120 USUAL OCCUPATION		OF BUSINESS OR
4	HAGERSTOWN		W AS	HING HING		OUNTY HOSP.	(TYPE OF WORK FOR MOST OF WORKING LIFE	INDUSTRY	87
USU 130	AL RESIDENCE (IF NURSI	13b COUNT	HER INSTITUTION	GIVE RESIDENCE BEFO		1 13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE	12 15	
	mo	WASI	4-	Smiths		YES NO	P.O. Bx 338		21783
4. F/	ATHER'S NAME	86.1	DDLE	LAST	3	15. MOTHER'S MAIDEN NAM	WE	146	.,
	Charle		dward	Stauff	er	Bertha	more	Swa	arbrick
	WAS DECEASED EVER		D FORCES?	166 SOCIAL SE	CURITY NO.	17 INFORMANT	ADDRESS		
	no ok unknown	(IF TES, GIVE V	VAR OR DATES	213-74-	-2605	Frances Lari	more, Smithsburg		
	18 CAUSE OF DEATH			line for (a), (b),				BETWEEN	ONSET AND DEATH
	PART I. DEATH W.	IMMEDIATE	- 1	ardia	RH	RREST.			/
	52 15		DUE TO, O	R AS A CONSEC	UENCE OF				
	Conditions, if any,		(b)_	ACUTE	Myr	CARDIAL	INFARCTION.	20	vecky.
	gove rise to imm cause (a), stating	the	DUE TO, O	R AS A CONSEC	UENCE OF		2	200	
	underlying couse	lost.	(10)	ONGF	STIV	E HEART	TAILURE.	awe	ele.
_	PART 2. OTHER SIGN	IFICANT CO	NDITIONS CO	ONTRIBUTING TO	O DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVE	N IN PART 10	0
CERTIFICATION					NON				
CA	19a DATE OF OPERAT	ION	196 COND	ITION FOR WHIC	CH OPERATIO	N WAS PERFORMED		, WERE FINDIN	
RTIF		DNE	LEGAL	430	¥		YES NO YES		NO 🗌
	210 ACCIDENT WAS UND		HOUR A.		DAY YEAR	21¢ HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM 18 PA	ART 1 OR PART 2)	
EDICAL	(IF EITHER NOTIFY MEDIC			м. /	V/A 19	NA			
(ED)	21d INJURY OCCURR	ED ./	21e PLACE	OF INJURY	F FARM ETC )	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
2	AT WORK IN NOT WHI	LE D			4	STREET NA	4 5 6		
	220 Certify that (1)		4 /	deceosed from	Gr /	19. 19. 0	2, 10 6. 29.	9 86.	that (I) (we) last
-	sow the decease obove, (I) (we) (d		view the body	ofter death.	86 on	nd that in (my) (our) opinion	death occurred on the date and hour	ond from the	couses stated
	226. SIGNATURE	101	1.			DEGREE	1	22c DATE	SIGNED
	U	usua	h			ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN		
	22d PHYSICIAN'S NA	ME (TYPE	TO C'L	HAFI.		22e ADDRESS			0
	Water They		31	1.1.		WASH	HNGTON COUNT	2 HOS	PITAL
23a	BURIAL, CREMATION, I	REMOVAL	23b. DATE	230	NAME OF C	EMETERY OR CREMATORY	23d LOCATION	100000	
	(SPECIFY)		T 7 2	1006 1	1-14 0	horach Company	C + 1 - 1	COUNTY	STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

24 FUNERAL DIRECTOR MINNICH FUNERAL HOME 415 E. Wilson Blvd., Hagersatown, Md. 21740

July 2, 1986 Welty Church Cemetery Smithsburg, Wash., Maryland MINNICH FUNERAL HOME

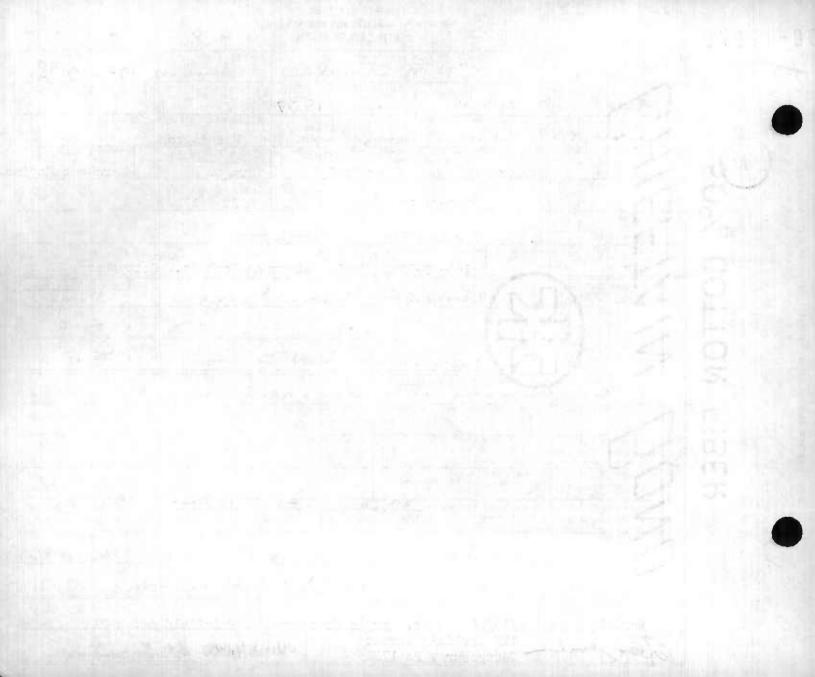
Bertha

Frances Larimore, Smithsbirg, Md.

STATE OF MARYLAND

ACT AND ROBBING WAS A TOTAL OF THE PARTY OF avisvi monant . 2 515 marking a second could be seen a constraint Will and whom the restaurable to the control of the little of the control of the 705 II. Poseuse 21. Proseuse 21

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO TYPE OR PRINTIFICANCES DECEASED NAME 20 DATE OF DEATH MONTH CHARLES McLAUGHLIN 40 IN = Glonga 1981 & AGE (IN YEARS LAST BIRTHDAY) 1-5EX 4 RACE 5. DATE OF BIRTH IF UNDER LYFAL 1909 MONTH W1 8- 78 مسد ل To BIRTHPLACE 7h CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Fairfield PA WIDOWED DIVORCED [ Washington NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Merchant Marine Washington County Hospital Fireman Hagerstown USUAL RESIDENCE 13b COUNTY 13c CITY OR TOWN 113d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE RD#2 17320 Adams Fairfield NO X 15 MOTHER'S MAIDEN NAME 4 FATHERS NAME WIDD:8 MIDDLE McGlaughlin Meta Shryock George ADDRESS 16h SOCIAL SECURITY NO 17 INFORMANT IN WAS DECEASED EVER IN U.S. ARMED FORCES? TYES NO OR UNKNOWN) ( IF YES GIVE WAR OR DATES) Paul Ketterman York St., Gettysburg, PA 162-09-7382 WWII APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH lEnter only one cause per line for (o), (b), and (c)
PART I. DEATH WAS CAUSED BY: 3 Juny erebral IMMEDIATE CAUSE IO DUE TO, OR AS A CONSEQUENCE OF Arrest Cardiac Conditions, if any, which gave rise to immediate course in storing the DUE TO, OR AS A CONSEQUENCE OF The Start Disease underlying couse light PART 2: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED WE DATE OF OPERATION 196 CONDITION FORWHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO THE ACCIDENT WAS UNDERLYING [ 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR DECONTRIBUTING TO CAUSE OF DEATH IN BRINGS ANDERS MEDICAL EXAMINES. THE INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OF TOWN STATE (AT HOME STREET, FACTORY, OFFICE FARM ETC.) THE PROPERTY I The certify that the hospital) oftended the deceased from above 111 wel (did) did not view the bady after death and that in (my) bur) opinion death occurred an the date and hour and from the causes stated 724 SIGNATURE DEGREE 22c DATE SIGNED 1/00 ATTENDING MEDICAL 12 July 86 PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 23c. NAME OF CEMETERY OR CREMATORY 73a BURIAL CREMATION, REMOVAL 23h. DATE DAMES MY COUNTY STATE 6/16/86 St. Mary's Cemetery Burial Fairfield Adams PA 74 FUNERAL DIRECTOR 125 Carlisle Street 16 60M 7/84 Sheha Davidson [VRA 15, 4] Gettysburg, PA 17325



		FOR	D		E OF MARYLAND IEALTH AND MENTAL HYG	IFNF	, 0	1
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0_		LAS D-NAME FIRST	MIDDLE		AST	20 DATE OF DEATH	MONTH DAY	YEAR 26. HOUR
2 35		HILDA	В.	MELI	Z	6/4/86	3-17	11:52A A
	3. SEX		4. RACE	5. DATE (	DAY MEAN	6 AGE (IN YEARS LAST BIRT	HDAY) IF UNDER	TYEAR IF UNDER 24 HRS
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4 34	Ja. Bl	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COL	JNTRY? 8.	D NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF DEA	ATH
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	4	TY OR TOWN OF DEATH BOONSBORO	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, GI Reeder's Men	VE STREET ADDRESS)		(TYPE OF WORK FOR MOST O	F WORKING LIFE) INDL	KIND OF BUSINESS OF USTRY AUNDRY
1 1 1 1	USU	AL PESIDENCE (IE NURSING HOME C	O OTHER INSTITUTION GIVE RESIDEN	ICE BEFORE ADMISSION				
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mplete ond 2 extenine	14 FA	THER'S NAME FIRST	middle i	AST	15 MOTHER'S MAIDEN NAM	Unknown	1	LAST
xecut dico		VAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCI.	AL SECURITY NO.	17. INFORMANT	ADDRE	SS	
Page ex			Ione 579-2	22-6038	Michael Speid	len (Grandso	on) Same a	as # 13.
equires that the death cer signed by the attending fren please remove carbo to burial, cremation, ar re njury, ar other traumatic e	NO	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CO  (b)  DUE TO, OR AS A CO  (c)  CONDITIONS CONTRIBUTION	NSEQUENCE OF		P CANCE		ART No
on.  permit There are permit. There are prior to the permit there are prior to the permit there are prior to the permit there.	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE IN CERTIFYING C. YES	FINDINGS USED AUSES OF DEATH? NO []
SICIAN: The physicial physicial certificate virial-transition certificate from the physicial physician phy		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ER) P.M.	19	21c. HOW INJURY OCCURE		RY IN ITEM 18 PART 1 OR P	'ART 2)
offending ter this s the bus n and M	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY	OFFICE, FARM, ETC )	21f LOCATION STREET	CITY OR TO	wn cou	INTY STATE
TO HOSPITAL OR ATTENDIN retained by the haspital or or TO FUNERAL DIRECTOR. At should be detached for use a with the State Dept. of Health MPORTANT: If them 21 is man		220. I certify that (I) (XXX) BC) saw the deceased alive a obove, (I) (XXX) BC) 22b. SIGNATURE  22d. PHYSICIAN'S NAME (TYPE	June 4.  Of view the body of terror	19 <u>86</u> , o	DEGREE ATTENDING PHYSICIAN E 1220 ADDRESS 141 South Maj	MEDICAL STAI DIRECTOR PHYSIC	220	om the couses stated DATE SIGNED une 4, 198
5 € 5 € X	23a F	BURIAL, CREMATION, REMOVA			CEMETERY OR CREMATORY	23d. LOCATION		
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	24. FI	JNERAL DIRECTOR		13		E DEC'D BY DECISTRAD	254 DECISTBADIC C	CNIATURE
DHMH - 16 50M 4/B2 (VRA 15.4)		NAME Preduc	Homo Silver	Spring	1 111	N.1 0 1096	Julia Davido	- Goodelle

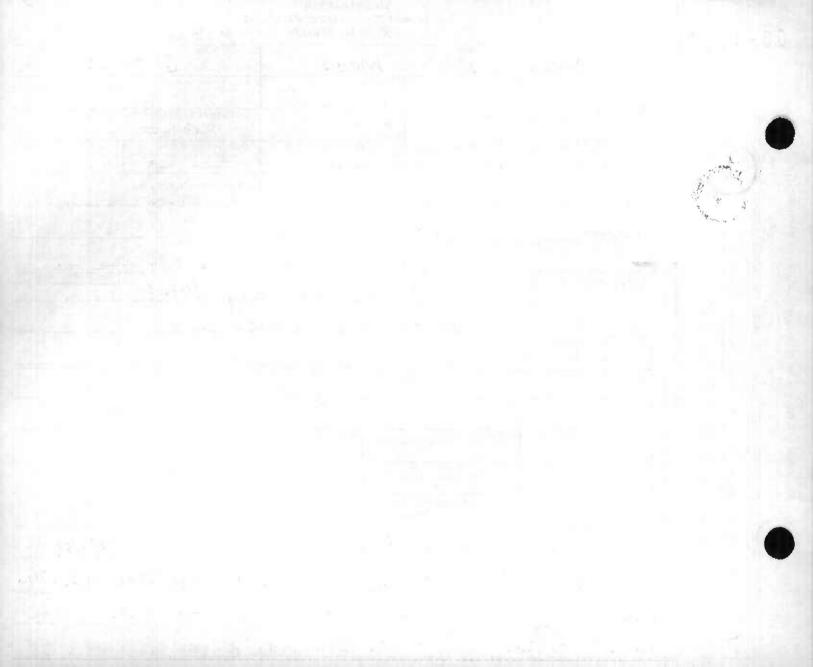
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7	Ter bo	3. SE)	(	4. RACE	5. DATE OF BIRTH MONTH DAY YEAR		ONTHS DAYS HOURS MIN.
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	th. 22 25	(	OUNTRY)	11111	MARRIED NEVER MARRIED	I I heli	- 4
	de de de	10.01	TY OR TOWN OF DEATH	11 NAME OF HOSPITAL NILIPS	WIDOWED DIVORCED ING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126. KIND OF BUSINESS OR
	1 9 3 1 /G	11	TOR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STRE		CITYPE OF WORK FOR MOST OF WORKING LIFE	
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212	Por E a	USU/	RESIDENCE HE NUMBING HOME	OR OTHER INSTITUTION, GIVE REPORTED BEFORE BEFORE TO THE CITY OR TO	ORE ADMISSION) WN 13d. INSIDE CITY LIMITS?	113e STREET ADDRESS / ZIP CODE	97999
AND	24		1/	ranklin Porcens	11 1 100 17 110 17	10512 Letzhung	Road.
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	REC REC PPT.		226 SIGNATURE	Holl view the body after death.	DEGREE		224. DATE SIGNED
	The Di	100	traise.	elale to	ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	6-23-86
	4 5 6 7 8 3 -	1	224 PHYSICIAN'S NAME (TYP		72e ADDRESS	DIRECTOR PHISICIAIN	
	ST 2418/			HORNBAKER :		ETOIT ST HA	I CACT . A ALA
	0 % 2 % %		DOHN H.	HOWNDHINER	OR. 645 E.		GERSTOWN MD.
66	LOMA	23a E	BURIAL, CREMATION, REMOV	AL 236. DATE 23	NAME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY A STATE
40	BP-17		BULIER	6/26/1986	Pleasant Hill Chemil Coins	time Apthin Tury +	ranklin & Kon
611		24. FI	JNERAL DIRECTOR		250 DA	TE POLD AN REGISTRAR 256 DEGISTE	
1000	DHMH - 16 60M 7/84 (VRA 15, 4)	H	Martin ?:	ADDRESS	The world to be	QO BOR Smo De	A CONTRACTOR OF THE PARTY OF TH
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		Item # 16a,	Film G 62	20.10.22.			E OF MARYL	AND MENTAL HYG	IENE			n	
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ge 3		CEASED NAME OR PRINT)	MARY		Ruth.	1	1/LON		20. DATE OF DI	6	-30	YEAR 86	2b. HOUR
ctor. po	3. SE	x female	1	N. RACE	e	5. DATE C		1915	6 AGE (INYEAR		YRS.	UNDER I YEAR	HOURS MI
38	7a B	RTHPLACE (STATE COUNTRY) Mary Land	OR FOREIGN 7	L CITIZEN OF	WHAT COUNTRY?	8.	D NEVER	MARRIED	9. BALTIMORE		COUNTYO	F DEATH	^
179	10 C	ty or town of Hagerstor		(IF NOT IN SU	HOSPITAL, NURSII CH FACILITY, GIVE STREET INGTON CO	(ADDRESS)			120 USUAL OC (TYPE OF WORK FO CYOSSIA	CUPATION MOST OF V	vorking life)	126. KIND O INDUSTRY POLI	OF BUSINESS C
<b>V</b> 83	130	Mary Land	13b. COUNT		134. CITY OR TOV Hagersto	VN	13d INSIDE O	NO 🗌	13e STREET ADI				21740
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BP	230	BURIAL, CREMATIC SPECIFY) BURIAL	DN, REMOVAL	July	3, 1986 Ro			etery	23d LOCATION Hagers	TOWN	, Wasi	h., Me	aryland
MH - 16 60M 7/84		UNERAL DIRECTO	MINNICH	FUNERA				25a. DAT	REC'D. BY REG				



STATE OF MARYLAND

MARRIED NEVER MARRIED

County Hospital

YES

15. MOTHER'S MAIDEN N

Lela

Juanita J

17 INFORMANT

211 LOCATION

STREET

ATTENDING~

PHYSICIAN

DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH

LAST

5. DATE OF BIRTH MONTH

June

WIDOWED

11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

Hagerstown

Moats

166 SOCIAL SECURITY NO.

217-10-3041

GIENE 8 EG. NO.	1829
Sune 27	1986 138
6. AGE (IN YEARS LAST BIRTHDAY)  68 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
9. BALTIMORE CITY OR COUNT  Washington ( 12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING,	County M
Manager-Light    13. STREET APPRESS / ZIP COT     808 Woodland	11111. 113
Frances ADDRESS	Brown
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nest	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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10 monste -	
minal disease or condition g	IVEN IN PART I (a
	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH?

R CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE Canditions, if ony, which gave rise to immediate couse (a), stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE IFICATION 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED YES NO YES T 71n ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M

DHMH - 16 60M 7/B4 (VRA 15, 4)

23a. BURIAL, CREMATION, REMOVAL 23b. DATE

Burial

NOT WHILE

22a I certify that (1) (this hospital) attended the deceased from abaye, (1) (we) (did) did nat) view the bady after death.

21d INJURY OCCURRED

271 SIGNATURE

- STATE

OR PRINT

Male

13a STATE

REGISTRAR DECEASED NAME

Washington DC

Hagerstown

(YES, NO OR UNKNOWN)

Marvland

FATHER'S NAME

Clyde

Yes

4. RACE

Washington

MIDDLE

(IF YES, GIVE WAR OR DATES)

136 COUNTY

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

White

U.S.A.

7b. CITIZEN OF WHAT COUNTRY

Washington

71e. PLACE OF INJURY

AT HOME, STREET, FACTORY, OFFICE, FARM, ETC )

231. NAME OF CEMETERY OR CREMATORY

DEGREE

23d LOCATION

/ MEDICAL

COUNTY

STATE

STATE

View Cemetery 24 FUNERAL DIRECTOR 305 N. AD Potomac St.

ery Sharps burg Wash Md 250 Date REC'D. By REGISTRAR 256. REGISTRAR'S SIGNATURE

CITY OR TOWN

and that in (my) (aur) apinion death occurred on the date and haur and fram the causes stated

DIRECTOR PHYSICIAN

Minnich Hagerstown, Maryland

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG NO DECEASED NAME 20. DATE KNOWN LIYPE OR PRINTS OF ESTI-M. RECTOR. R FILES. HOURS 5 DATE OF BIRTH IF UNDER 24 HRS DATE FUNERAL DIRECT S FOR YOUR F YEAR LAST BIRTHDAY) PRONOUNCED 39 DEAD 76 CITIZEN OF WHAT COUNTRY? a BIRTHPLACE 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X West Virginia U.S.A DIVORCED [ WIDOWED 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK on County Hospital FOR MOST OF WORKING LIFE! OR INDUSTRY Hagerstown Washington Secretary Medical OME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS Marion Mannington 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 112 High St. NO 14 TATHER'S NAME 15. MOTHER'S MAIDEN NAME Louis MIDDLE Morace Alice Angelilli 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 166. SOCIAL SECURITY NO ADDRESS LIE YES GIVE WAR OR DATES) 112 High St. West Alice Eich Virginia CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY 4114 IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF SED AS A BURIAL-HEALTH AND ME AL, CREMATION, ( lying cause last. DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? DEPARTMENT OF H YES [ NO 216. TIME OF INJURY 210 EXTERNAL CAUSE WAS 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR AM MONTH DAY YEAR UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH 2 P.M. 164 2 1986 21f LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY LAT HOME. TO MEDICAL EXAMINER: THIS CEP PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3: AFER DEATH, WITH THE STATE BE BACTIMORE, MÄRYLAND, 21201 P. STREET, FACTORY, FARM, ETC.) WHILE AT WORK 220 I certify that I taak charge of the remains described above, held an Autopsy death resulted fram Suicide Homicide Undetermined monner TITLE (SPECIFY) ACTUAL SIGNATURE EXAMINER'S NAME TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial 6-6-86 Fairmont Marion West Cemetery 24. FUNERAL DIRECTOR **DHMH - 17** Marzullo Funeral (VR A15 ME (5)) Service Upperco. MD 21155

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(VRA 15. 4)

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monnes m.S. (Lie. Maryland?)					

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN CERTIFICATE OF DEATH

Home

B 5 REG.	NO.	3	3 2	7	
DATE OF DEATH	MONTH	DAY	YEAR	2b. HOUR	
June 7	1986				
AGE (IN YEARS LAST	BIRTHDAY)	IF UNI	DERIYEAR	IF UNDER 241	

RELIGINAR				
ASED NAME	FIRST	MIDDLE	LAST	
(TIPE OR PRINT)	Beulah	Virginia	Murray	
1 SEX		4 RACE	5. DATE OF BIRTH	
Female		White	July, 20, 1891	
To BIRTHPLACE ISTA	TE OR FOREIGN	7h CITIZEN OF WHAT COUNTRY	? 8.	

USA

MARRIED NEVER MARRIED WIDOWED . DIVORCED [ NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

Washington

Housewife.

12b KIND OF BUSINESS OR INDUSTRY

Williamsport

Conococheaque Street 13b. COUNTY Washington Williamsport

45 N. Conococheague Stree YES X 15. MOTHER'S MAIDEN NAME FIRST

Anna

Matilda Leiter

Franklin Daniel 160 WAS DECEASED EVER IN U.S. ARMED FORCES? LYES NO OR UNKNOWN! No

166 SOCIAL SECURITY NO. 217-42-7608

Cerebovascular

Snyder

17 INFORMANT

ADDRESS

13e.STREET ADDRESS / ZIP CODE

9 BALTIMORE CITY OR COUNTY OF DEATH

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY Canditions, if any, which gave rise to immediate

cause (a), stating the

underlying cause last.

- STATE

COUNTRY Maryland

Mary land

4. FATHER'S NAME

18 CITY OR TOWN OF DEATH

DUE TO, OR AS A CONSEQUENCE OF arterio selevoter cardiovercular designe

DUE TO, OR AS A CONSEQUENCE OF

(item 13 above)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 I.O.

20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOT

210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

90 DATE OF OPERATION

HOUR A.M. MONTH DAY YEAR 21e PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE FARM, ETC.)

21h. TIME OF INJURY

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

21f. LOCATION

COUNTY STATE

NOT WHILE 22a. I certify that (I) (this haspital) attended the deceased fram.

22h SIGNATURE

saw the deceased alive on

abave (1) (we) (did) (did nat) view the body after death

and that in (my) (our) apinian death accurred on the date and haur and from the causes stated DEGREE

ATTENDING MEDICAL PHYSICIAN W DIRECTOR PHYSICIAN

CITY OR TOWN

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

22¢ DATE SIGNED

22d. PHYSICIAN'S NAME (TYPE OF PRINT)

23a. BURIAL, CREMATION, REMOVAL

Richard E.Smith, M.D.

22e. ADDRESS

23¢ NAME OF CEMETERY OR CREMATORY

1708 Oak Hill Ave. Hagerstown, MD 21740

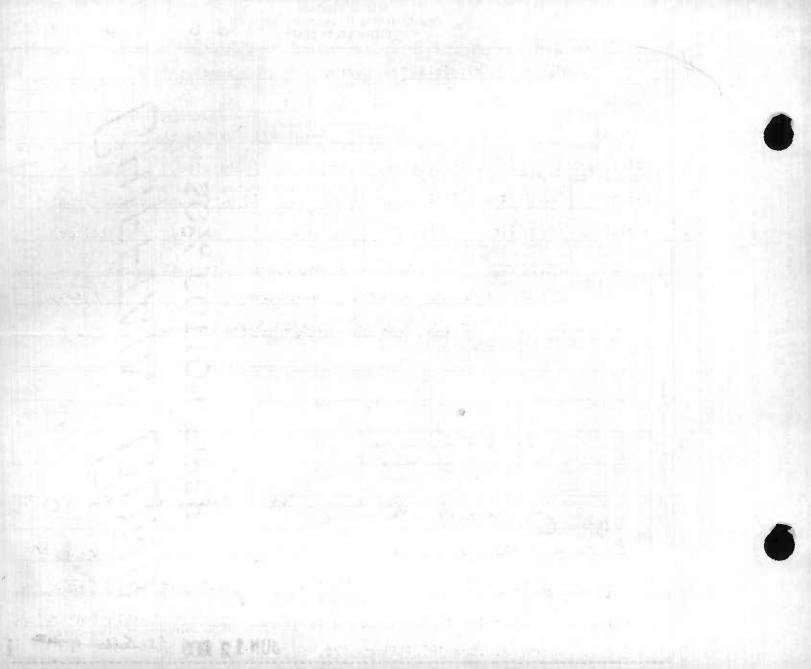
1986 Rest Haven Cemetery I nage ISLU

Hagers townWashingtonMaryland

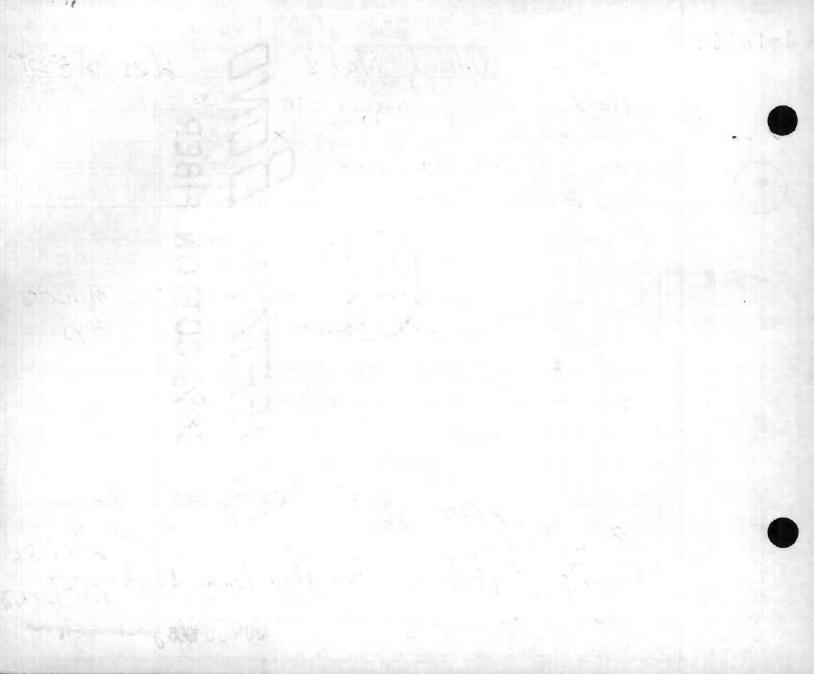
DHMH - 16 60M 7/84 (VRA 15, 4)

Burial 24 FUNERAL DIRECTOR

Major M. Osborne P.O.Box#348Williamsport, Md.



and the state of the second of



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 2a. DATE OF DEATH 1 DECEASED NAME MONTH YEAR (TYPE OR PRINT) 86 THEODORE NICHOLS IF UNDER 1 YEAR . AGE (IN YEARS LAST BIRTHDAY) # UNDER 24 HRS MONTH MONTHS Caucasian Male February 10,1924 BIRTHPLACE (STATE OR FOREIGN TO CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED A NEVER MARRIED COUNTRY Washington County, United States New York WIDOWED O CITY OR TOWN OF DEATH 1 NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION Naval Architect Marine Engineer Williamsport UAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

STATE:

13b COUNTY

13c CITY OR TOWN 134 INSIDE CITY LIMITS? 13a STREET ADDRESS 19107 Capehart Drive / 20879 Gaithersburg NO X arvland Montgomery A FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE French Josephine Louis Mudge Nichols 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Mrs. Jean D. Nichols, Wife, Same as #13 047-16-5844 WWII Yes 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY Harkinson's IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOA NO [ YES 🗌 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) COUNTY STATE NOT WHILE AT WORK AT WORK a.va. 76 June 220 I certify that (1) this haspital attended the deceased fram 86 and that in (m) (aur) apinian death accurred on the date and hour and from the causes stated June 25 above (1) Fill fid (did not) view the bady after death. 775 SIGNAFUR DEGREE 22¢ DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN THE PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS d be 16220 Frederick Road John R. Melnick, MD Gaithershurg, MD xxxx 20877 1234 LOCATION 230 BURIAL, CREMATION, REMOVAL 231 NAME OF CEMETERY OR CREMATORY 23b. DATE Cremation Alexandria 26. Metropolitan Crematory Virginia P.A., 300 W. Montgomery Ave., Rockville, MD. 250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE **DHMH-16 25M** HIN 30 1000 Given Distance Modeline (VRA 15, 4) 1/79

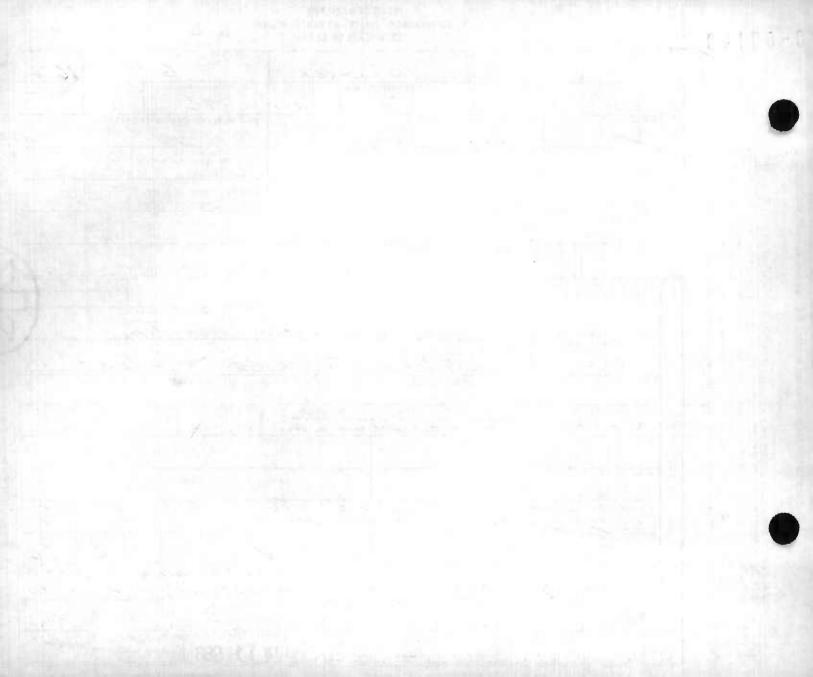
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## STATE OF MARYLAND

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	1 SEX female		race <b>whi</b>	ite	S. DATE C		YEAR 1899	6. AGE (IN YEARS LAST	BIRTHDAY) YRS.	MONTHS DAYS	IF UNDER	24 HRS MIN.
5	Maryland		U.S.		MARRIE		ARRIED -	9. BALTIMORE CITY Washin		Y OF DEATH		MD.
2	Hagerstown	1	Washir	HOSPITAL, NURSI CHEACILITY, GIVE STREE 1gton Cou	inty Ho		NOITU	12a. USUAL OCCUP (TYPE OF WORK FOR MO  cleanin	ST OF WORKING LI	12b KIND C INDUSTRY nursi:		
5	Maryland	13b. COUN Washi	TY	136. CITY OR TOV Hagerst	WN		10 🗆	13e.STREET ADDRES			740	
1	Harvey  160 WAS DECEASED EVE	(	AED FORCES?	Davis	URITY NO		rtrude	WIDDII	DRESS	Grub		
	(YES, NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	213-18-	9474			. Nunamake	r, Hag		n, MD	
	Conditions, if or gove rise to in course for its or income for its	nmediate ting the ise last	(b) DUE TO, Q	R AS A CONSEQUENCE ON TRIBUTING TO	JENCE OF	NOT RELATED T	O THE TERMI	INAL DISEASE OR CO	ONDITION GE	VEN IN PART 1:	0	
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	21a. ACCIDENT WAS LEED OR CONTRIBUTING [ {IF EITHER NOTIFY ME	CAUSE OF DEAT	P.	M. MONTH [	DAY YEAR	21€ HOW INJU		ED (ENTER NATURE OF I	VJURY IN ITEM 18	PART   OR PART 2)		
	AT WORK AT AT	WHILE [	(AT HOME STI	OF INJURY REET, FACTORY, OFFICE		21f LOCATION		CITY OF	RIOWN	COUNTY		STATE
	22a i certify that saw the dece abave, (1) for	ased alive an_	of attended the	7 19	84. ar	DEOREE	TENDING	eath accurred an the	TAFF			
/	THE PHYSICIAN'S	NAME (TYPE OR	PRINT	ARSH,	MJ	22e ADDRESS	139 HAGE	No POTO	mac	- 5TK	?EE;	40
	230 BURIAL, CREMATION (SPECIFY) burial 24 FUNERAL DIRECTOR			11,1986 1	Rest H	emetery or cr aven Cen	netery		wn, Wa			
	NAME			ERAL HOME		and 217/	1114	REC'D. BY REGISTR	Julian	TRAR'S SIGNAT	andels	<b>L</b>

74 FUNERAL DIRECTOR MINNICH FUNERAL HOME
NAME
415 E. Wilson Blvd., Hagerstown, Maryland 21740

DHMH - 16 60M 7/84 (VRA 15, 4)



FOR

(SPECIFY)

DHMH - 16 60M 7/84

(VRA 15, 4)

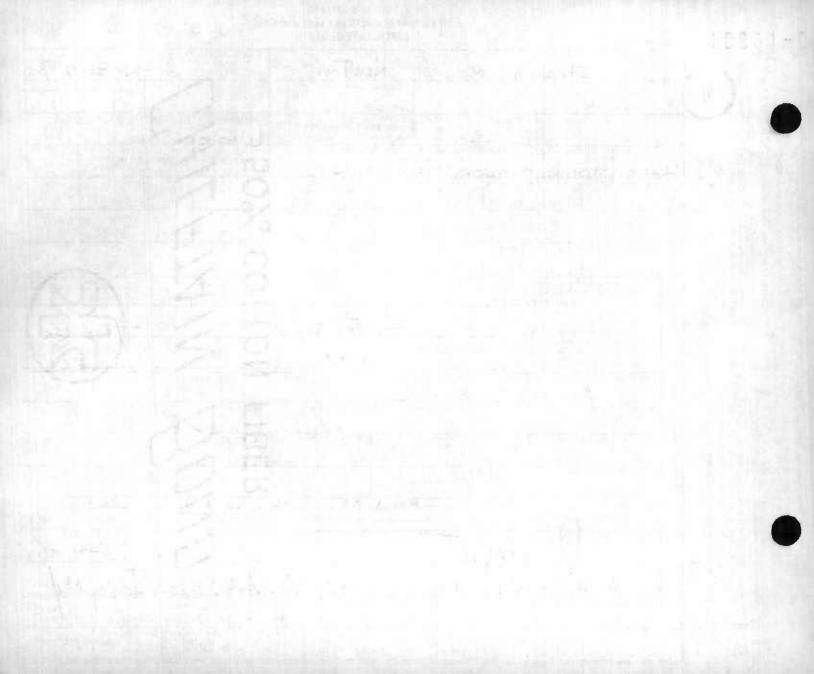
126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY purchasing agent City 13e STREET ADDRESS / ZIP CODE 21783 Route 2, Box 282 Moblev Mrs. Jane Newton, Smithsburg, Maryland PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LICE 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2 COUNTY STATE ... and that in (my) (our) apinion death accurred an the date and hour and from the causes stated 22c. DATE SIGNED DIRECTOR PHYSICIAN 23¢ NAME OF CEMETERY OR CREMATORY June 24,1986 Rest Haven Mausoleum | Hagerstown, Wash., Maryland burial 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR MINNICH FUNERAL HOME 415 E. Wilson Blvd., Hagerstown, Maryland 21740

STATE OF MARYLAND

YEAR

IF UNDER 1 YEAR

86



BP. DHMH - 16 60M 7 (VRA 15, 4)

	1				STAT	E OF MARYLAND				
09552	,	FOR STATE REGISTRAR			CERTIF	ICATE OF DEATH	REG. N		8 3	0 5
. 84		ECEASED NAME FIRST	Prest	OFFICE	A	AST	20 DATE OF DEATH	MONTH DAY		HOUR -25
1		Wil	119m#	P	NIC	chols SR	Tuc	16 11	86	TAM
( a )	3. S	EX	4 RACE		5. DATE C	DAY YEAR	6 AGE (IN YEARS LAST BIR	MON	002	FUNDER 24 HRS HOURS MIN.
1 14	1	male	white		Marc	h 23, 1932	54	YRS.		
HE	70	BIRTHPLACE (STATE OR FOREIGN COUNTRY)  Maryland	76. CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED	Washin		FDEATH	MD.
offer of	10	Hagerstown	11. NAME OF	HOSPITAL, NURSIN CHEACILITY, GIVE STREET gton Coun	ADDRESS) HO	or other institution	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST OF Plumber	OF WORKING LIFE)	126 KIND OF E	
ours by	US	JAL RESIDENCE (IF NURSING HOME		_		or	prumber		prumbr	116
filled in the hoold b	5 130	Maryland Was	shington	Hagersto	N	YES K NO [		/ ZIP CODE Mulber:	ry St.	21740
ompletely		Leo	WIDDLE	Nichols		15 MOTHER'S MAIDEN NA Hazel	MIDDLE	V HAVE	Angle	
and co	160	WAS DECEASED EVER IN U.S.	ARMED FORCES? GIVE WAR OR DATES)	166 SOCIAL SECU		17 INFORMANT	ADDR			
n and o			rean	218-24-8	1933	Loretta L. N	Nichols, Hag	gerstown	n, Md.	
requires that the death in signed by the ottend. Then please remove co or ta burrol, cremotion, or injury, or ather troumot	NOI	gove rise to immediate cause (o), stating the underlying cause last.  PART 2 OTHER SIGNIFICAN	(c)_	OR AS A CONSEQUE		HROMC NOT RELATED TO THE TERM	LYMPHD MINAL DISEASE OR CON	CM (	LEN IN PART 110	NKEM
on. hos been primit ene primit ows ony	CERTIFICATION	19a DATE OF OPERATION	19b COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, V IN CERTIFYIN YES	WERE FINDING NG CAUSES O	S USED F DEATH? NO
SICIAN: Ti og physici certificate riol-tronsit ental Hygi them 18 sh	T .	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A	.M. MONTH DA		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	1 OR PART 2)	
HYSICIA nding pl nis certif buriol-1	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMI		.M. OF INJURY	19	211 LOCATION				
NG PH After th as the Ith and	×	WHILE NOT WHILE AT WORK	(AT HOME ST	REET, FACTORY, OFFICE, F	ARM, ETC )	STREET	CITY OR 10	WN	COUNTY	STATE
Aft of the mort		220 I certify that (I) (this ha	spital) attended t	he deceased from	4	10 80	to 6	11 10	So the	ot (I) (we) lost
TOR TOR OF HE		yow the deceased alive	00 4 1	19.1	, oi	nd that in (my) (our) opinion	death accurred on the d	ate and hour a		
OR AT DIRECT DIRECT Doched for Dept. o	43	ObovA (I) (wef (did) (did	not new the body	biter death.	n.	DEGREE			22c. DATES	
		1 U// )/M	annote			ATTENDING PHYSICIAN	MEDICAL STA	FF CIANI	101	2/4/
TO HOSPITAL efouned by th TO FUNERAL should be det with the State IMPORTANT:		THE PHYSICIAN'S NAME (III	75A	RAMPI	STE	220 ADDRESS G	on Mon W.	euth	Ave	ARC
Of of of Mary	23a	BURIAL, CREMATION, REMOV				EMETERY OR CREMATORY	23d LOCATION		The state of the s	VI
BP		burial			ose H	ill Cemetery	Hagersto	wn, Was	h., Mar	yland
DHMH - 16 60M 7/B4	24	FUNERAL DIRECTOR MINN	ICH FUNE	RAL HOME	1177		E REC'D. BY REGISTRAR	25b. REGISTRA	R'S SIGNATUR	(E
(VRA 15 4)		415 E. Wilson	Blvd. I	lagerstown	a. Md	. 21740	0 4 0 4000		Stanford Co.	

11218

## STATE OF MARYLAND

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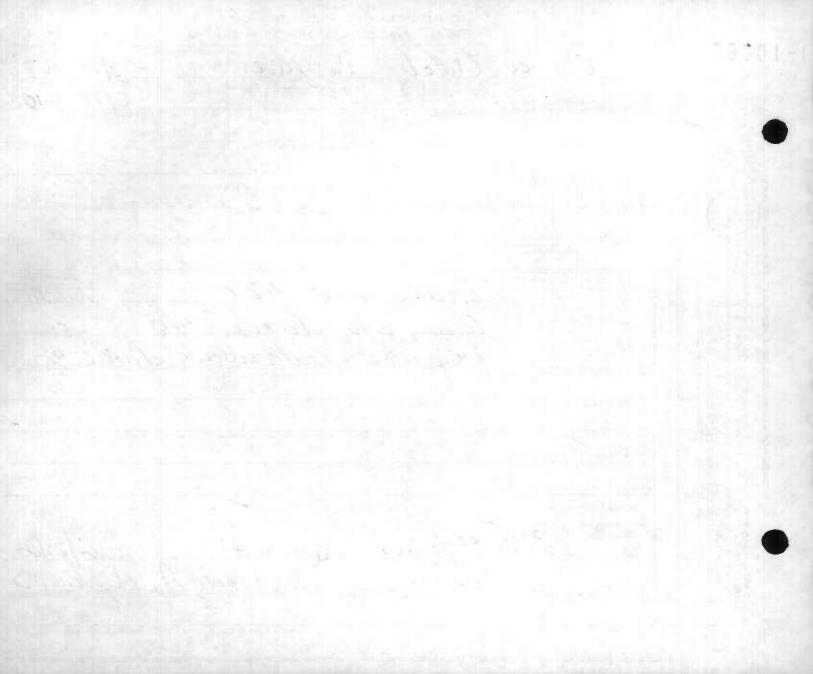
FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 C	18309
1. DECEASED NAME FIRST	WIDDIE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
(TYPE OR PRINT) Viola Bea	atty Oslislo		6/18/86	8:10p wm.
3. SEX	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
Female	White	Jan. 8. 1910	76 YRS	MONTHS DAYS HOURS MIN.
To. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTR	Y? 8	9 BALTIMORE CITY OR COUN	
New Jersey	U.S.A.	MARRIED NEVER MARRIED WIDOWED TO DIVORCED	17 1 - 1 - 1 - 1 1	MD
10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR	SING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	126. KIND OF BUSINESS OR
Williamsport		ement Center	Housewife	Home
Md. Wa	or other institution, give residence ber UNTY 130 CITY OR TO Sh. William	SWN 13d. INSIDE CITY LIMITS?  LSPORT YES XX NO	130 STREET ADDRESS / ZIP CO 2750 Virginia	
14 FATHER'S NAME FRST Philip	middle LAST Beat	is. Mother's maiden n	AME MIDDLE	LAST Rowe
16a WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES.	ARMED FORCES? 166 SOCIAL SE GIVE WAR OR DATES) 139-18-		1885334 orrisey,Rt.3,Smi	thsburg, Md.
Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR ASIA CONSECTION OF ASIA CONSECTION OF ASIA CONSECTION OF ASIA CONSECTION OF TOTAL OR ASIA CONTRIBUTION OF TOTAL OR ASIA CONSECTION OR ASIA CONSECTION OF TOTAL OR ASIA CONSECTION OR ASIA CONSECTION OF TOTAL OR ASIA CONSECTION OR ASIA CONSECTION OF TOTAL OR ASIA CONSECTION O	IVE KIGHT LO	DISCASE  RMINAL DISEASE OF CONDITION OF	GIVEN IN PART TIG
OR CONTRIBUTING CAUSE OF LIFETHER NOTIFY MEDICAL EXAMI	DEATH HOUR A.M. MONTH NER) P.M.	DAY YEAR 19	YES NO IN CER	TIFYING CAUSES OF DEATH? YES NO
21d. INJURY OCCURRED  WHILE NOT HILL I	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	Marsill 0	CITY OR TOWN	COUNTY STATE
saw the deep led alive observed in the last last 22% SIGN (1995)	Met	and that in (my) (aur) opinio	n death occurred an the date and the	that (I) (we) last sour and Irom the couses stated
22d PHYSICAN'S NAME (TYPE)  STEPHEN 6  23a BURIAL, CREMATION, REMOV	= METZNER	MD 1885/	fowcild,	HAGESTOWN
men Burial	June 21, 1986	loverleaf Park Cem.	Woodbridge, M	
24 FUNERAL DIRE PARE Davis Funda	ome smithsburg	96.06	ATÉ REC'D. BY REGISTRAR 25b. REG	ISTRAR'S SIGNATURE

DHMH - 16 60M 7/B4 (VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH O REGISTRAR I. DECEASED NAME 20 DATE KNOWN MONTH OF ESTI-6 AGE (IN YEARS DATE LAST BIRTHDAY PRONOUNCED Nov. 2, 1914 male white 71 BIRTHPLACE (STATE OR b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNT MARRIED NEVER MARRIED USA Washington Maryland WIDOWED X DIVORCED CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 1325 Marshall Street Hagerstown SUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONAL 136 COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 1325 Marshall St. Maryland Washington Hagerstown 21740 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Golden. Charles Presgraves, Sr. Myrtle 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 220-09-8877 Myrtle Gordon, Clear Spring, Md. 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (o) stating the underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IR CERTIFICATION 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES | 710 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY LATHOME 21d, INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM, ETC.) WHILE NOT WHILE CITY OR TOWN 22a. I certify that I took charge of the remains described above, held an Autopsy ACTUAL SIGNATURE EXAMINER'S NAME TYPE OR PRINT 23a BURIAL, CREMATION, REMOVAL 73r. NAME OF CEMETERY OR CREMATORY burial June 28,1986 Rose Hill Cemetery Hagerstown, Wash., Maryland 07/84 25M 250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE 4 FUNERAL DIRECTOR MINNICH FUNERAL HOME **DHMH - 17** 415 E. Wilson Blvd., Hagerstown, Md. 21740 (VR A15 ME (5)) www.jagor-jago

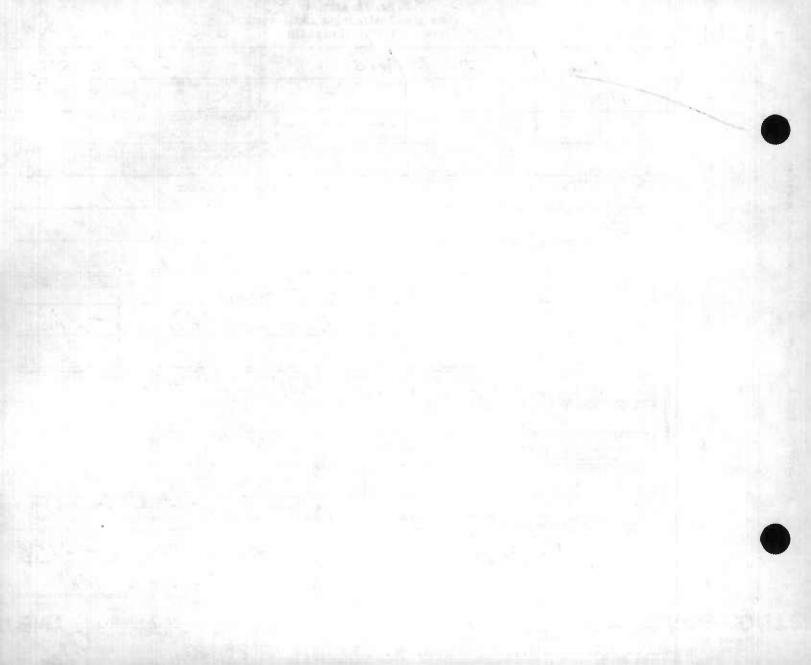


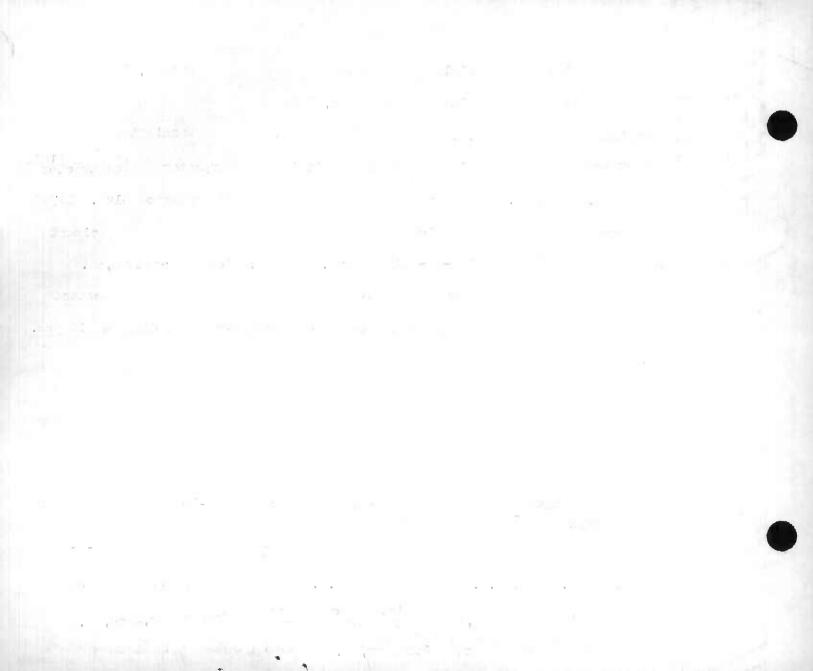
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ITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. HOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. II RRD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2 THEF MEDICAL EXAMINER ALONG WITH FORM PM 31. USED AS A BURIAL. FRANSIT PERMIT. PAGES 1 AND 2. OF HEALTH AND MENTAL HYGEINE, DIVISION OF VITAL ITEM. CREMATION, OR REMOVAL.		2 OTHER SIGNIFICAN	IT CONDITIONS <u>CO</u>	NTRIBUTING TO GEAT	N BUT NOT RELATED T	O THE TERMINAL OISEA	SE OR CONDITION GIV	EN IN PART 1 (a)				
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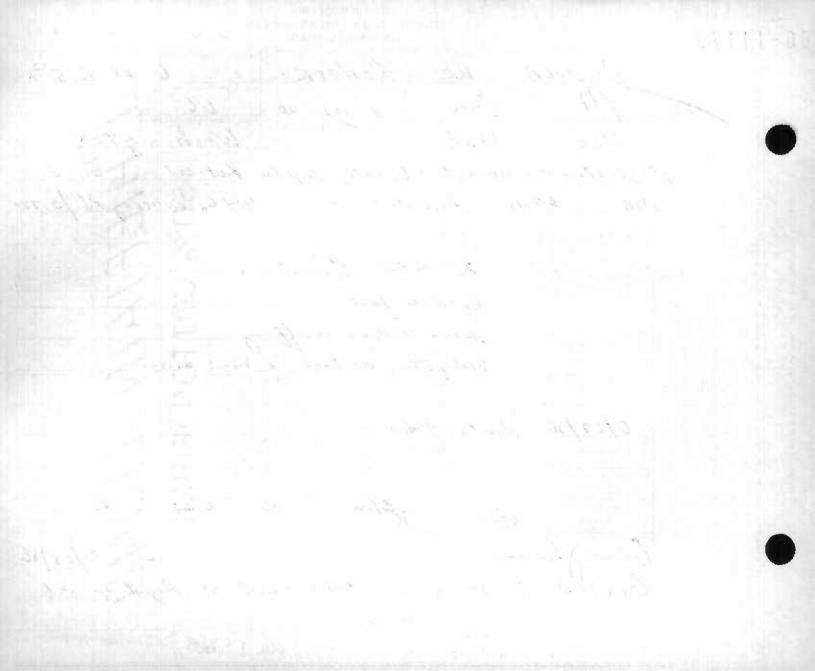
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RATTEN	RECTOR A for use of. of Hea tem 21 is		226 I certify that (I) (the sow the deceased above. If we did			/ 3 3		id that in my (our) opinion	death occurred on	the date and ha		
PITALO	by the hospi ERAL DIRE e detached for State Dept. ANT: If Iter		224 PHYSICIAN'S NAM	KZ.	Kugh	en .		ATTENDING PHYSICIAN  1228 ADDRESS	MEDICAL DIRECTOR P	STAFF HYSICIAN	221 DATE	23/86
TO HOS	TO FUNERAL should be deta with the State IMPORTANT	220 (	SURIAL, CREMATION, RE.	Kug	23h DATE	In	JAME OF C	Geethy La	ne to	redysvil	le, M	1/
3 449	BP	(	burial	-	June 2	6,1986 F		aven Cemeter		stown, V		state Maryland
(	DHMH-16 25M VRA 15, 4) 1/79		NERAL DIRECTOR M 5 E. Wilson				Md. 2		TE REC'D. BY REGIS	6 J Au	Javidsen-l	fandaus.

STATE OF MARYLAND





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hysica poper poper povol:		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	y one couse per line for (o), (l	o1, and (c1.)			APPROXIMATE INTERVAL MI
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beer rait.	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATION	WAS PERFORMED	200 AUTOPSY? 20	b. IF YES, WERE FINDINGS USED
L RE lo no. hos per	ĬĔ	6/22/86	Ante A	136 men	/	YES NOT	CERTIFYING CAUSES OF DEATH?
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A A A A A A A A		OR CONTRIBUTING CAUSE OF DEAT		DAY YEAR			
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Sprit Sprit SCTC d for	100	sow the deceased alive on above, (I) (we) (did) (did not)	view the body ofter death.			leoth occurred on the date o	and hour and from the causes stated
OR O DIRE		226 SIGNATURE		Di	EGREE ATTENDING	MEDICAL STAFF	22c. DATE SIGNED
ZAL SAL		Could X can	<u> </u>		PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN	0/28/86
HOSPITAL The by the FUNERAL The Stote ORTANT:	100	22d PHYSICIAN'S MAINE (TYPE OR			22e. ADDRESS		
		WERALD !	J. Scall	اسن	645 E. FIR	st st. HA	sustan md
Of of Stay		BURIAL, CREMATION, REMOVAL	23b. DATE		METERY OR CREMATORY	23d LOCATION	
BP		burial	June 30,198	Rose Hi	11 Cemetery	Hagerstown,	Wash., Maryland
DUMP 14 40M 7 12	24. F	UNERAL DIRECTOR MINNI	CH FUNERAL HO				REGISTRARESIGNATURE
DHMH - 16 60M 7/84	4	15 East Wilson B			land 21747U	1 - 1986 7	W. Parte Laters



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the f	3/	10 C	TY OR TOWN OF DEATH	111	. NAME OF HOS (IF NOT IN SUCH FACE			OTHER INSTITUTION		CCUPATION FOR MOST OF W		OF BUSINESS OR
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ote be executed within 24 hours ysicion and completely filled in by appers. Page 1 and 2 should be fill	medico		VAS DECEASED EVER IN	U.S. ARME		SOCIAL SECUI	RITY NO. 17.	INFORMANT	Sharp	s burg	. Md.	
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The cron	Hygiene 18 shows	RTI							YES 🗌	NO	YES [	NO 🗌
DIVISION OF VITAL RECURDS, 201 W. PRESTON 31.,  ING PHYSICIAN. The law requires that the death certific attending physician.  After this certificate has been signed by the ottending phase the burial-transit permit. Then please remove carbon pass the burial-transit permit. Then please remove carbon pass.	Í W		210 ACCIDENT WAS UNDER		HOUR A.M.	JURY MONTH DA	Y YEAR	t. HOW INJURY OCCI	JRRED (ENTER NAT	URE OF INJURY IN	HITEM 18. PART I OR PART 2)	
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0 0 0 7	Dept If Item	30	22b. SIGNATURE	701		0	DEG		- Urnicu	CTAFF	22c DATE	SIGNED
TAL y th y th dete	ANT: H	13		11/2	e	+ w	(		MEDICAL DIRECTOR [	STAFF PHYSICIAN	10 /2	4/81
OSP.	RTAN		THE PHYSICIAN'S LOOK	E STANSON NO	110 - 0		22	e ADDRESS			16.	7
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8/		RTHPLACE (STATE OR FOREIG	GN . 76 CITIZEN	OF WHAT COUNTRY?	8. MARRIEI	NEVER MARRIED	9 BALTIMORE CITY O	COUNTY	F DEATH	
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	13a. S	TATE 13b	COUNTY	13c. CITY OR TOW	N I	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP CODE	0170	25
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other	Б	underlying cause lo		, 01. 43 4 001132002	LINCE OF					
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or to	ē					174, 13, 17				
100	CERTIFICATION	190 DATE OF OPERATION	19b. CO	NDITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, V IN CERTIFYI	WERE FINDIN	GS USED OF DEATH?
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8 E S	- 1	210. ACCIDENT WAS UNDERLY	4 1 400 1 140	E OF INJURY A.M. MONTH DA	AY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PAR	T I OR PART 2)	
=	CA	(IF EITHER, NOTIFY MEDICALE)		P.M.	19					
o po	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE	LAT HOME	CE OF INJURY , STREET, FACTORY, OFFICE, F	ARM, ETC }	21f. LOCATION STREET	CITY OR TOV	VN	COUNTY	STAT
morked		AT WORK AT WORK		Page 1						
2 .9	9-1	220.1 certify that (1) (this saw the deceased al		the deceased from		d that in (my) (aur) apinian a	leath accurred on the do	te and have a		that (I) (we)
12 m 2 J		abave, (I) (we) (did) ( 22b. SIGNATURE	did nat) view the bo	ady after death.		DEGREE	Total occurred on the do	re and flagr c	22c DATE	
# Hem		ZZU. SIGINATURE	100	0		ATTENDING	MEDICAL _ STAF	F _	ILC DATE	. IO
TANT:		THE PHYSICIAN SHAME	LITHE OF PRINCIP	- cul		PHYSICIAN 22 ADDRESS	DIRECTOR   PHYSIC	ANL	16/1	1/86
IMPORTANT		ABOUL	WAHER	0		1610 - OAKH	by Avs	440	mo	2,76
M /	124 5	URIAL, CREMATION, REM			AME OF C	1	23d. LOCATION	1119.	7	7/7
		SPECIFY)				EMETERY OR CREMATORY	CITY OR TOWN	Mari	COUNTY	STAT
-	24 5:	Burial	June	13, 1986 Ce	dar L	awn Memorial I	ц Hagersto	vn Wash	ringto	n Mary

DHMH - 16 60M 7/B4 (VRA 15, 4)

(Williamsport, MD 21795) Major M. Osborne

PHUND BY REGISTRANT

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REGISTRAR				4211111	I CALL OF PEATE	REG. NO	D.		
DECEASED NAM	7		MIDDLE		AST	2a. DATE OF DEATH		DAY YEAR	2b. HOUR 7:15
	Monroe	Mai	rion	SEE	KFORD	June 3	J, 17	00	1:15
SEX		4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIR		MONTHS DAYS	IF UNDER 24 HRS
Male		White	е	Nov	. 5, DAT 922 YEAR	63	YRS.		
& BIRTHPLACE	STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY	Y OF DEATH	
Page Co.	. Va.	U. S	. A.	WIDOWE		Washing	ton		M
O. CITY OR TOWN	OF DEATH	11. NAME OF	HOSPITAL, NURSIN	IG HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPATI		12b. KIND C	OF BUSINESS O
Boonsbor	ro	Rfd.	2 Box 4	71 - 3		Machine Op	erato	True	k Mfg.
USUAL RESIDENCE 13a STATE Maryland	13b COU	OTHER INSTITUTION NTY hington	GIVE RESIDENCE BEFORE 13c CITY OR TOW Boonsbo	N	13d INSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP CODI	٩ 21	713
4 FATHER'S NAM					15 MOTHER'S MAIDEN NA	ME			
Mar	ion Ke	yser yser	Seekford		L.	Virgin	ia	Mart	in
	DEVER IN U.S. AF		166. SOCIAL SECU	IRITY NO.	17 INFORMANT	ADDRE	ss Rf	d. 2 Bo	ox 471
YES NO OR UNKN	OWN) (IF YES GI	W. TWO	223-24-4	759	Mrs. M. Max	ine Seekfor			
Tu cause o	E DEATH .C .	1	1 - 6	d				APPROX	XIMATE INTERVAL
	EATH WAS CAUSE		r line far (a), (b), an		a a 6 1 a m a a				onths
O TON	IMMEDIA	TE CAUSE (a)	Auemocal	CIHOI	a of lungs			2 1110	JIICHS
		DUE TO O	R AS A CONSEQUE	NCE OF					
Canditians,	if any, which	(6)							
gave rise	ta immediate	) "-							
underlying	, stating the cause last.	DUE TO, O	R AS A CONSEQUE	NCE OF				200	
		(c)_							
The state of the s	HER SIGNIFICANT	CONDITIONS <u>C</u>	ontributing to [	DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR CON	DITION GIV	VEN IN PART 1	0
190 DATE OF	OPERATION	LI9h COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20g AUTOPSY?	120b. IF YE	S, WERE FINDS	NGS USED
2	0,211.11.01.						IN CERTI	IFYING CAUSES	S OF DEATH?
E		7 21b TIME C	SE INTUINI		M. HOW MILLIPY OCCUP	YES NO		ES 🗌	NO 🗌
OR CONTRIBUTE	TWAS UNDERLYING TING CAUSE OF DE	I HOLLD A	M. MONTH D	AY YEAR	21c. HOW INJURY OCCUR	KED (ENTER NATURE OF IN)U	RY IN ITEM 18	PART I OR PART 2)	
I (IF EITHER NO	OTIFY MEDIC AL EXAMINE		м.	19					
(IF EITHER NO	OCCURRED		OF INJURY		21f LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
WHILE WORK	NOT WHILE	(AT HOME ST	REET, FACTORY, OFFICE, F	ARM, ETC.)	SINCE				
22a.1 certify	that (I) (this XXX)	attended th	ne deceased fram_	11-	16 19 55	6=30		19 86	that (I) (XE) la
saw the	deceased alive ar	6-20	19_	860	nd that in (my) (🍑🗸 apınian	death accurred an the d	ate and had	ur and fram the	causes stated
22b. SIGN AT		ar view the body	uner deam.		DEGREE			22c. DATE	E SIGNED
Chr	cuby 5	Her	> mis	)	ATTENDING PHYSICIAN \$	MEDICAL STA		7-3	1-86
22d PHYSICI	AN'S NAME (TYPE	OR PRINT)			22e ADDRESS				

DHMH - 16 60M 7/84 (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL 23b. DATE 7-2 7-2-86

Charles F. Hess, M.D.

236 NAME OF CEMETERY OR CREMATORY Cedar Lawn Mem. Park

P.O. Box 248

Smithsburg, MD

Hagerstown, Wash. Co., Md.

24 FUNERAL DIRECTOR John H. Bast, Jr. Boonsboro, Md. 21713

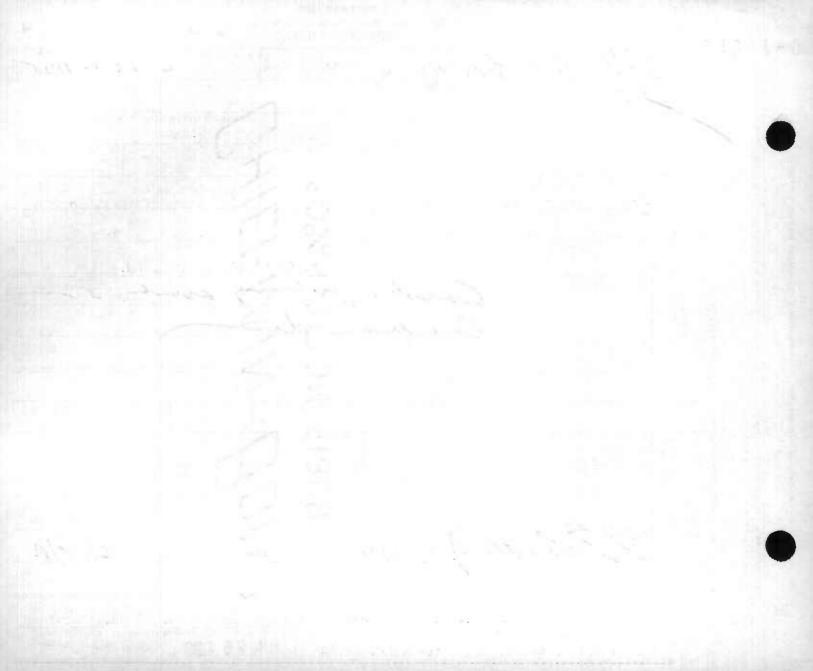
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			FOR KEN	NETH	LOVETT	DEPARTMENT	F HEALTI	AND MENTAL	HYGIENE			
0	0070		REGISTRAR SH			DICAL EXAM	INER'S	CERTIFICATE	OF DEATS	O REG. NO.	183	5
0 - 1	0010	1 DE	CEASED NAME	FIRST		WIDDLE	01	LAST	20. DAT	E KNOWN	MONTH DAY	YEAR 26. HOUR
5	ET SS. S.S.	,	CAPRINI	Kenn	eth 4	OVETT	5%	inaleton	DEAT	H MATED	6 2319	86 7 8
X	30 E SE	3. SEX	4 RA	CE	5. DATE OF BIRTH	6. AGE (	YEARS IF U		R 24 HRS. 2c DA	TE	MONTH DAY	YEAR 2d. HOUR
	CESSARY, PLEASE FOR LORAL DIRECTOR. FOR YOUR FILES. VITHIN 72 HOURS ACCION STREET,	Ma	le Whi	ite	May 1,	1924 62	YRS. MONT	HS DAYS HOURS	MIN PRONO	UNCED AD	6 2319	86 700
-	SSA AL		RTHPLACE (STATE OR		76 CITIZEN OF W		12	ICO NO NEVER HAD	9. BALT	IMORE CITY OR	COUNTY OF DEA	
	FUNERAL DIRE FUNERAL DIRE 5 FOR YOUR 5. WITHIN 72 I	We	est Virgi	inia	U.S.A. WIDOWED DIVORCED							440
	2 E 40	10 CI	TY OR TOWN OF DE	ATH	11 NAME OF HO	SPITAL, NURSING HO	ME, OR OTH		II20 USUAL OCC	UPATION (TYPE	OF WORK 12b. KIND	OF BUSINESS
	A F A F N	Ha	gerstown	2	(IF NOT IN SUCH FACILITY GIVE STREET ADDRESS)  112 North Potomac Street Carpenter Mfg. Doors							
-	3 TOEL	USU	L RESIDENCE (IF IN N	URSING HOME O	OR OTHER INSTITUTION, O	IVE RESIDENCE BEFORE ADM	ISSION)	1			21	740
BALTIMORE, MD. 21201	る。原意	13a S Ma	ryland	Wash	ington	Hagerstow		13d. INSIDE CITY LIMITS?	112 NOT	th Pot	omac St	reet
9	E 28 8 2	-	THER'S NAME			LAST		15 MOTHER'S MAIL				
, A	E285		FIRST	NKNOW	MIDDLE	Lucy		MIDDLE	Shingl	eton		
O O	205-0	16a. V	VAS DECE ASED EVE	R IN U.S. ARA	MED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMANT				
LTI	AFTER D SIVE PAG TH FOR VAGES 1	(4	ES, NO, OR UNKNOWN)	U.S.	Army	220-18-0	210	Shirley 1	D. Baker	434 5	alem Av	enue
	WITH PA		18 CAUSE OF DEA			for (a) (b) and (c)		/		nager	SCOWII M	XIMATE INTERVAL
ST.	O TO SW.		PART I DEATH V	WAS CAUSED	BY:	e 101 (0), (5, 6nd (c))	- 1	mont	477		BETWEEN	ONSET AND DEATH
o N	D WITHIN 24 H PENCIL IN ITEM AMINER ALON - TRANSIT PER ENTAL HYGIEN OR REMOVAL		150m, lat 15.0	IMMEDIAT	( DUE TO O	AS A CONSEQUEN	E OF	ATEST	161		140	613
RES	EWC EMC		Canditians, if		302.0,0	Oplati	14	1	1	1111.6		- 1/79
> •	NE PRAINE		gave rise to cause (a) statin		(b)	AS A CONSEQUENCE	3 C. (Q)	Dre (	Wall	165666	acces	7721
201 W. PRESTON ST.,	UTED WITHI IN PENCIL EXAMINER IAL - TRANS O MENTAL H DN, OR REA		lying couse lost		DOE 10, OF	AS A CONSEQUEN	LE OF				17.00	
	XECU AGE III	13	PART 2 MINER CICNIEICA	NT COMBILLONG	(c)	BUT NOT BELLEVED TO THE	FRIDA DICEA	E OR CONDITION GIVEN IN P				
RECORDS,		z	TAKE 2 OTHER SIGNETICA	( .	1	BUT NOT RELATED TO THE	EKMINAL DISEAS	E OR CONDITION GIVEN IN P	ART 1 (a).			
REC	MEDINAS AS A SELTH	읃	19s DATE OF OPER		nok Ing	TION FOR WHICH O	DEPATION VA	AS DEDECORATED 2				
Z.	STIFICATE SHOULD AG THE WORD "PE SHOULD BE USED A SHOWN TO BURNAL.	MEDICAL CERTIFICATION	THE DATE OF OFER	Allon	176. CODO	HOIN FOR WHICH O	EKATION	AS PERFORMED:			20 AUT	
DIVISION OF VITAL	NA CONTRACTOR OF SECONDARY	1	210 EXTERNAL CAL	ISEAWAS	21b. TIME O	E INTUINV	T11. H	OW/ IN HURY OCCUPE			YES	□ NO □
ō	A HE WENT TO BE A HE WENT TO B	DI	UNDERLYING	OR	HOUR A.A		AR ZICH	OW INJURY OCCURR	ED (ENIER NATURE OF	INJURY IN ITEM 18 PA	RT I OR PART 2)	
O.S.	CERTIFIC TING TH DED TO TO TO DEPARTA	Š	CONTRIBUTING 214 INJURY OCCUP			A. 19 OF INJURY (AT HOME	215 10	CATION				
Ž	SE S	ME		WHILE	STREET FAC	TORY, FARM, ETC.)		STREET	CITY OR	TOWN	COUNTY	STATE
	THIS CER WARDED WARDED PAGE 3 S STATE DEP 21201 PR			WORK								
	E CERTIFICATE, DURECTORE, TO DIRECTORE, PH, WITH THE ST.		220 I certify that	I took charge	e of the remains de	cribed above, held a	n Autop	sy . Inspecto	an . Inqui	y , ond	in my apinian	
725	EXAMINER: CERTIFICATE JID BE FOR DIRECTOR: WITH THE		death resulted from	m: Natur	al couses .	Accident,	Suicide	, Hamicide .	Undetermined	monner .		
	EXAM CERTI ULD B DIRE WARY		LOCAL VIII	/	10116	6		TITLE (SPECIFY)	-/			1-100
	ICAL EXA SHOULD SHOULD ERAL DIR SATH, WI		ACTUAL SIGNATURE	10	easy	Tim	M	o Dost Ass	SE MEDICAL EX	MINER	DATE SIGNED	65/06
	A SE TE	30	EXAMINER'S NAME	11	10 1.7	1		1/10	01.611	1 11	1	
	TO MEDICAL E EXECUTE THE PAGE 4 SHOU TO FUNERAL E AFTER DEATH, BATTIMORE, M		(TYPE OR PRINT)	1711	Purc	16 M		ADDRESS 600	044411	she He	(BStown	M
	DAY DAY	230. BU	JRIAL, CREMATION,	REMOVAL 2	36 DATE	23c. NAME OF	CEMETERY C	RCREMATORY	23d. LOCATION		COUNTY	STATE
	BP		Burial	6	-27-86	Cedar :	Lawn	Memorial	Pk. Ha	gerstov	vn , Wash.	
	DHMH - 17	24. FU	INERAL DIRECTOR		ADDRES	Hagersto	wn Mo		REC'D. BY REGIST	RAR 256 REGIST	RAR'S SIGNATURE	
	(VR AT5 ME (5))	A.1	K. Coffm	an Fu	neral H	ome, Inc.		i.	IUN 30 K	86	Switzen 18	oplett.
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0 1 0	11	REGISTRAR				CERTIF	ICATE OF DEATH	0			0	
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n ofter de	1. SE	EEMALE		4 RACE WHITE	Ε	S. DATES		6 AGE (IN YE	ARS LAST BIRTHDAY)			IF UND
The state of the s	1	RTHPLACE (STATE COUNTRY) Maryland	OR FOREIGN	76 CITIZEN OF	F WHAT COUNTRY?	B.	D NEVER MARRIED	9. BALTIMOR	ECITY OR CO shingtor	UNTY OF D	EATH	ì
filed with	7	Hagerstow	m	Washi	uch facility, give street ington Cou	inty H	ospital	(TYPE OF WORK	CCUPATION FOR MOST OF WORK ISEWIFE		KIND OF I	BUSIN
hould be	130.	Maryland	13b. COUN	other institution ITY ington	N. GIVE RESIDENCE BEFOR 13c. CITY OR TOW Hagerst	VN	13d INSIDE CITY LIMITS? YES NO	25 ½	DDRESS / ZIP Laurel			217 t.
1 one 2 s		ATHER'S NAME FIRST William		WIDDLE R.	Troxell		15 MOTHER'S MAIDEN N. FIRST Mae		ench	T	roxe1	1
s. Pages 1	1	VAS DECEASED EVI YES, NO OR UNKNOWN) NO		MED FORCES? E WAR OR DATES)	219 03 C		Jack B. Show	√e, Hage	address rstown,	Md.	APPROXIMO	
d by the ottending physici lease remove corbonpaper ial, cremation, or removal. ar other froumatic event, th		Conditions, if or gove rise to in couse (a), sto underlying cou	ny, which mmediate ofting the use last	DUE TO, O	OR AS A CONSEQU		n de				1	
been signed by the ottending pl rmit. Then please remove corbon prior to burial, cremation, or rem gny injury, at other troumatic eve	CATION	Conditions, if or gove rise to in couse (a), sta underlying cou	ny, which mmediate sting the use last	DUE TO, C	OR AS A CONSEQUI	DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE	PSY? 20b.	IF YES, WER	E FINDING	
cate hos been signed by the ottending plans and permit. Then please remove corbone Hygiene prior to burial, cremation, or rem. B shows any injury, at other troumatic eve	AL CERTIFICATION	Conditions, if or gove rise to it couse (o), sto underlying counderlying Counderlying Counderlying Counderlying Counderlying Counderlying Concontributions	IMMEDIAT  ny, which mmediate store lost  GNIFICANT C  RATION  UNDERLYING  CAUSE OF DEA	DUE TO. (  DUE TO. (  DUE TO. (  DUE TO. (  )  DUE TO. (	OR AS A CONSEQUE  CONTRIBUTING TO  DITION FOR WHICH  OF INJURY  A.M. MONTH D	DEATH BUT HOPERATIO		200 AUTOI	PSY? 20b.	IF YES, WER CERTIFYING YES	E FINDING CAUSES O	FDE
hos been signed by the ottending ple permit. Then please remove corbong ene prior to burial, cremation, or remove any injury, at other troumatic eve	MEDICAL CERTIFICATION	Conditions, if or gove rise to it couse (o), sto underlying counderlying counderlying Counderlying Counter Storm Contribution Contribution Contribution Counter Notice Counter	IMMEDIAT  ny, which immediate stopping the s	DUE TO.  ONDITIONS ©  19b. CONE  19b. TIME 4  HOUR A  21b. TIME 6  21c. PLACE	OR AS A CONSEQUE  CONTRIBUTING TO  DITION FOR WHICH  OF INJURY	DEATH BUT H OPERATIO AY YEAR 19	N WAS PERFORMED	200 AUTOI	PSY? 20b.	IF YES, WER CERTIFYING YES	E FINDING CAUSES O	
CTOR. After this certificate has been signed by the ottending plear use as the burial-transit permit. Then please remove corbong of Health and Mental Hygiene prior to burial, cremation, or remain the morked as tem 18 shows any injury, at other traumatic eve		Conditions, if or gove rise to it couse (o), sto underlying counderlying counderlying counderlying DATE OF OPER SI 19a DATE	IMMEDIAT  ny, which mediate string the use last.  GNIFICANT C  RATION  CAUSE OF DEA EDICAL EXAMINER;  JRRED  WHILE WORK  (I) (this hospit aged alive an	DUE TO. (O) DUE TO	OR AS A CONSEQUE  CONTRIBUTING TO  DITION FOR WHICH  OF INJURY A.M. MONTH D  P.M.  E OF INJURY  IREET, FACTORY, OFFICE,  the deceosed from  19	DEATH BUT H OPERATIO  AY YEAR 19 FARM, ETC.)	216 HOW INJURY OCCUI	200 AUTOI YES  RRED (ENTER NATION	PSY? 10b. IN C	IF YES, WER CERTIFYING YES  CCC ., 19	E FINDING CAUSES O R PART 2)	NO ot (I)
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				STAT	OF MARYLAND			
-09287	1-	FOR STATE REGISTRAR		CERTIF	EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO		3 1 /
me 41	1 DEC	EASED NAME FIRST	MIDDLE		ASI		MONTH DAY YEAR	10/
18 4		EDWANS			MITH		9, 1986	110/PM
*	3. SEX		4 RACE	5. DATE C		6. AGE (IN YEARS LAST BIRTI	MONTHS DA	
001	M	ale	White	Sep	. 3, 1910 <sup>AR</sup>	75	YRS.	
negol dr	76. BII	RTHPLACE (STATE OR FOREIGN OUNTRY) Lena, Md.	U. S. A.	DUNTRY? 8  MARRIE  WIDOWE	NEVER MARRIED A	Washingt		MD.
led with		ty or town of death gerstown	Washington			17g USUAL OCCUPATION (TYPE OF WORK FOR MOST OF LINEMAN	ON 12b. KINI POUST	Power Co.
solid be f	Ma Ma		VTY 13c_CITY	OR JOWN	13d INSIDE CITY LIMITS? YES NO	Rid. Box	z <sup>ZIP</sup> 26 <sup>ODE</sup> 21	713
3217	14 FA	THER'S NAME FIRST Harry	MIDDLE Edward S	mith	15. MOTHER'S MAIDEN NA FIRST Fanni		ise Arn	nôld
5 2 5		AS DECEASED EVER IN U.S. AR		CIAL SECURITY NO.	17. INFORMANT	ADDNE	ed. 2	The second
Poges medice	No		220	- 10- 357	Mr. Atlee	F. Smith, I	Boonsboro,	Md. 21713
te has been signed by the attending sit permit. Then please remove carbo giene prior to burial, cremation, ar re sibos any injury, or ather traumatic e	CERTIFICATION	Conditions, if ony, which gave rise to immediate couse (a), stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT DIABETIC NET 190 DATE OF OPERATION NO NEE 210. ACCIDENT WAS UNDERLYING T	DUE TO, OR AS A CO  (b)  DUE TO, OR AS A CO  (c)  CONDITIONS CONTRIBU  (c)  196. CONDITION FO	ONSEQUENCE OF  TING TO DEATH BUT  THE CHALO MORE IN THE CHALO MORE	NEWAL PH	NINAL DISEASE OR COND  -/LULE    20a autopsy?    YES   NO	20b. IF YES, WERE FIN IN CERTIFYING CAUS	NDINGS USED SES OF DEATH? NO []
Hygin Salah		OR CONTRIBUTING CAUSE OF DE		NTH DAY YEAR	21c. HOW INJURY OCCUR	KED (ENTER NATURE OF INJUR	Y IN HEM 18 PART LORPART	2)
the bunglit ond Mentol	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	R) P.M.  21e PLACE OF INJUR  (AT HOME, STREET, FACTO		211 LOCATION STREET	CITY OR TOV	wn COUNTY	STATE
TO FUNERAL DIRECTOR: Afti should be detoched for use os with the Stote Dept. of Health MPORTANT: If them 21 is mor	THE PROPERTY OF	22a. I certify that (I) (this hasp sow the deceased olive or obove (I) (we) (did) (did not 22b. SIGNATURE    Suff   Land   22d. PHYSICIAN'S NAME (TYPE (I) PROCEED (I)	view the body ofter dec	19 <u>86</u> , or	DEGREE  ATTENDING PHYSICIAN [ 22e ADDRESS 339 6	MEDICAL STAF	F 6 -	the causes stated  ATE SIGNED
shaul with MPO	23g, E	SURIAL, CREMATION, REMOVAL		23c. NAME OF C	EMETERY OR CREMATORY	23d LOCATION	-1770	
		Burial	6-12-86		ion Cemetery		Wash. Co.	. Md. STATE
-	24 FL	JNERAL DIRECTOR		11 11 11 11	25a. DA1	E REC'D. BY REGISTRAR		
VRA 15. 4)		ohn H. Bast, Jr	. Boonsbo	Pro. Md.		181 -4 - 1	Julia Burdan	

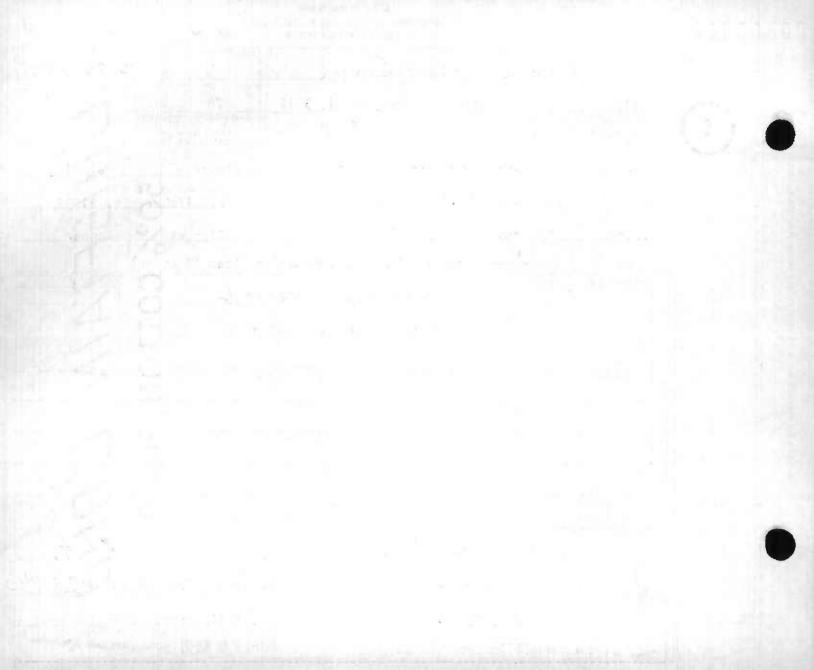
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cmion, geomagero, 10. 21	r. edee P.	220-10-35		- 4c

(VRA 15, 4)

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00007	1.	FOR		DEPARTME	STATE OF MARYLAND NT OF HEALTH AND MENTA	AL HYGIENE 🚓 💪	1 2	( ) ()
09807	1'	- STATE REGISTRAR			CERTIFICATE OF DEATH	REG. N	0.	1 600 4
no W		ECEASED NAME FIRST		WIDDLE	CLAST	20. DATE OF DEATH	MONTH DAY YEAR	2b HOUR
by be oge 3 deoth		EU	GENE	Kichard			6-15-86	2.45 M
4 mo	3. 9	EX	4. RACE	5	DATE OF BIRTH MONTH DAY YE		MONTHS DAYS	
5	-	Male			August 31, 191		YRS.	
12 G	30.	BIRTHPLACE   STATE OF FOREIGN			MARRIED A NEVER MARRIE	D '	OR COUNTY OF DEATH	
1 7		Maryland CITY OR TOWN OF DEATH	US		MIDOWED DIVORCE			MD. OF BUSINESS OR
4. 4/	7		(IF NOT IN SUC	CH FACILITY, GIVE STREET ADD	DRESS)	TYPE OF WORK FOR MOST C	OF WORKING LIFE) INDUSTRY	Υ
5 1 -		UAL RESIDENCE (IF NURSING HOA STATE 13b. CI		TON COUNTY		Painter	Pain	nting
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ws ne	<b>1</b>   E		AL DEL			YES TO NOT	IN CERTIFYING CAUSE	ES OF DEATH?
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buriol-trons Mentol Hyginr Hem 18 sh	100	OR CONTRIBUTING CAUSE O	OF DEATH	.M. MONTH DAY	YEAR 19			
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ter t os the h one	2	AT WORK AT WORK	] IAT HOME, ST	REET, FACTORY, OFFICE, FARA	n, cit.			
A Af		220.1 certify that (I) (this h		ne deceased from	, 19	, to	. 19	, that (I) (we) last
of H of H 21 i		sow the deceased alive above, (1) (we) (did) (di	e on	ofter death.	, and that in (my) (our) o	opinion death occurred on the d	ate and hour and from th	e couses stated
DiREC oched Dept. f Hem		22b. SIGNATURE			DEGREE			TE SIGNED
- e + -		U.	· 15/9 =	20	CU PHYSIC	DING MEDICAL STA		186
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	1 1	10	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NI			120 USUAL OCCUPATION	
=	1 11 1/	1	, Hagerstown /	Washington	County	Hospital	housewife	ORKING LIFE) INDUSTRY
130	8 5 1 /27	JS	UAL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE	BEFORE ADMISSION)			/ Michigan
9	2 33 7/	130	Penna.	ck lang	horne	13d. INSIDE CITY LIMITS?	751 W. Gill	an Ave. 19047
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AX	1 15 /1/	4	Theodore	MIDDLE LAS	1		ia Mateja Mateja	LAST
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ORE	20	7100	(YES, NO OR UNKNOWN) (IF YES, GIT	VE WAR OR DATES)	SECURITY NO.			
¥ .	2 54 1	7	no	199-1	6-3503	Mrs. Barba	ra Smith, Hag	gerstown, Md.
3AL	the part of		18 CAUSE OF DEATH (Enter or	nly ane cause per line far ta	and Ic	111	1.4	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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2	24 24 2	4					YES NOT	CERTIFYING CAUSES OF DEATH?
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2	34 414 19		OR CONTRIBUTING CAUSE OF DE					
o z	X 2 8 ( 1 1/	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE		19			
9	To the party of	9	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, O	FEICE FARM ETC )	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
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0	0 0 4 # d 1		22a.1 certify that (1) (this hasp	ital) attended the deceased f	rom . 1	100 19	10 G/C	19 that (I) we) last
	AND BOOK			at view the body after death	19 80	nd that in (my) (aur) apinion	death occurred an the date of	and have and from the causes stated
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	54 5418	230	BURIAL, CREMATION, REMOVAL	236 DATE	23c NAME OF C	EMETERY OR CREMATORY	23d LOCATION	
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77	1911	24	FUNERAL DIRECTOR	70.7 57.550				
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR DECEASED NAME Frances 20. DATE KNOWN (TYPE OF PRINT) LUCILIE YLOR DEATH MATED 4 RACE SEX 6. AGE (IN YEARS IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED Nov. 5, 1901 white 84 female DEAD Th. CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNT** MARRIED NEVER MARRIED FOREIGN COUNTRY USA WIDOWED X Oregon DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Washington County Hospital Hagerstown Executive Housekeeper Hotel SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e STREET ADDRESS 2423 Jefferson Blvd. 21740 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? Washington Maryland Hagerstown NO IX 15. MOTHER'S MAIDEN NAME Lucille Hasbrook Mathias Matson 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 166 SOCIAL SECURITY NO ADDRESS (YES, NO. OR UNKNOWN) 579-09-8613 Betty Layman, Hagerstown, Md. 1B CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) APPROXIMATE INTERVAL CONGESTIVE HEART FAILURE DUE TO, OR AS A CONSEQUENCE OF 2 WEEKS Conditions, if ony, which TERIOSCLEROTIC HEART DESEASE gave rise to immediate cause (a) stating the under-19a DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (ATHOME, 211. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN WHILE COUNTY AT WORK PAGE 4 SHOULD BE FORW
TO FUNERAL DIRECTOR: P.
AFTER DEATH, WITH THE ST.
BALTIMORE, MARYLAND, 2 220 I certify that I took charge of the remains described above, held an Inspection and in my opinion death resulted from: Suicide Hamicide LITLE (SPECIFY) 23a. BURIAL, CREMATION, REMOVAL 23b. DATE Hagerstown, Wash., Maryland burial June 13,1986 Rose Hill cemetery 07/84 24. FUNERAL DIRECTE NICH FUNERAL HOME 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** -widow-Harpette 415 E. Wilson Blvd., Hagerstown, Md. 21740 (VR A15 ME (5))

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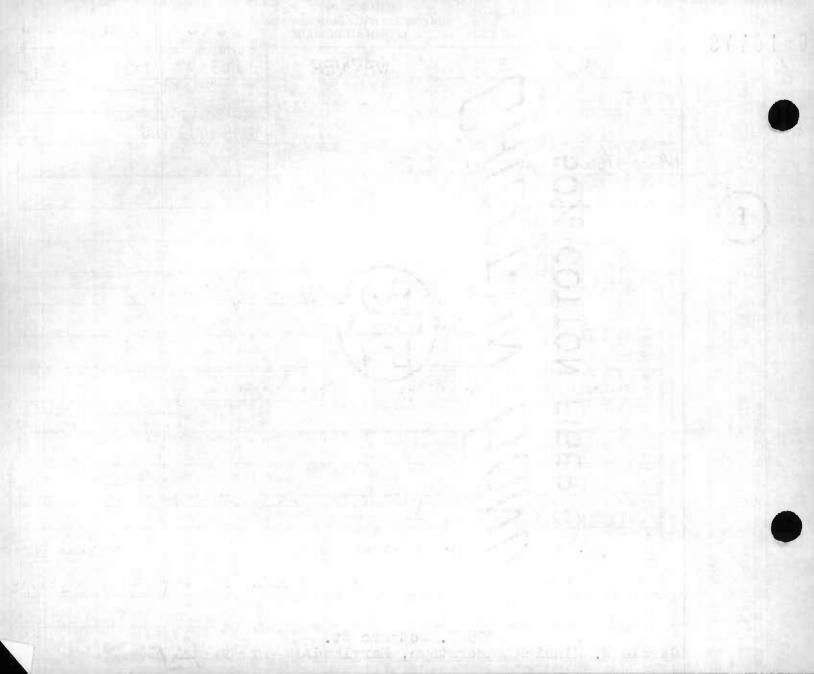
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mi	6/11	230 BURTAD CREMATION, REMOV	VAL 13 ATE 239 NAME OF CEMETERY OR GREMATORY 238 LOCATION CITY OF TOWN STATE
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ACTENDING PHYSICIAN: The is hospital as other this certificate has the for use as the burial-transit perept of Health and Mental Hygene them 21 is marked as them 18 shows	WEDICAL MEDICAL	OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED  WHILE AT WORK NOT WHILE Saw the deceased alive an obave, (I) (wal Idial Hold no  22d. PHYSICIAN'S NAME TYPE OF	HOUR A P 21e PLACE [AT HOME, ST tol) oftended th 1) year the bady	M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, FI The deceosed from	19 ARM, ETC.)	211 LOCATION 211 LOCATION STREET  19 d that in (my) (day) opinion of the company opinion o	YES NOW IN CERT YES NOW IN CERT YES NOW IN THE MERITAGE OF INJURY IN THEM 18  CITY OR TOWN  CITY OR TOWN  MEDICAL STAFF DIRECTOR PHYSICIAN	COUNTY  19 T , the state of the country of the coun	STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE
ATTENDING PHYSICIAN: The is hospital as attending physician. SIRECTOR After this certificate has shed for use as the burial-transit percept of Health and Mental Hygene Hem 21 is marked at them 18 shows	WEDICAL	OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTEY MEDICAL EXAMINER) 21d INJURY OCCURRED  WHILE AT WORK NOT WHILE AT WORK NOT WHILE Saw the deceased alive an obave, (I) (was failed) indian 22b. SIGNATURE  22d. PHYSICIAN'S NAME ITYPE OF	THE HOUR A P  21e PLACE [AT HOME, ST  10] ottended th  1) year the bady  R PRINT;	.M. MONTH DA .M. OF INJURY REET, FACTORY, OFFICE, F. The deceosed from After depth.	ARM, ETC.)	211 LOCATION STREET  19 d that in (my) (corr opinion of physician	YES NOW IN CERT  NOW IN CERT  NOW IN CERT  OF TOWN  CITY OR TOWN  CITY OR TOWN  ACCOUNTED An the date and had a country and and had	IFYING CAUSES (CES   PART 1 OR PART 2)  COUNTY  19	STATE



				STATE OF MARYLAND		
10449		FOR STATE REGISTRAR	a the street	CERTIFICATE OF DEATH	REG. NO.	18528
y be of		ORPRINT) AARON	S	WARNER	JUNE 17,	1986 9 5 AM
ge 4 mor	3 SEX	ALE	White	5. DATE OF BIRTH MONTH DAY YEAR 10 - 18 - 97	6. AGE (IN YEARS LAST BIRTHDAY)  88 YR	
nerol dir nn 72 hou		RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUP	MARRIED NEVER MARRIED X	WASHING TO	
190	HA	GERSTOWN	(IF NOT IN SUCH FACILITY, GIVE AVALON	URSING HOME OR OTHER INSTITUTION STREET ADDRESS)	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	126 KIND OF BUSINESS OR INDUSTRY  Electrical
135	130 5	AL RESIDENCE (IF NURSING HOME OF		EBEFORE ADMISSION) 13d. INSIDE CITY LIMITS? DEASTOWN YES NO A	Route 8 Bo	DDE .
( 1) 2/2		THER'S NAME FIRST  Aaron	MIDDLE LA	15. MOTHER'S MAIDEN NA	WIDDLE	Spatz
Pogn /		VAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL	SECURITY NO. 17 INFORMANT 7536 Ruth Warne	ADDRESS	to Mohnton. P.
eath certificate theoling physic w carbanapage on, or removal umatic event it		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIA Conditions, if ony, which	DUE TO, OR AS CON	stages of weathers	way Paidur	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ed by the o please remaind, cremat or other to		gave rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CON	SEQUENCE OF	ANNA DISTAST OR CONDITION	CIVIN IN PART 1
The start	NOIL		Evotic Heart		edelhair gan	YES, WERE FINDINGS USED
The low cron. e hos be ssr permi	CERTIFICATION				YES NOW IN CEI	YES NO NO
PHYSICIAN: The ending physicio this certificate to buriol-transit and Memical Hygie d or Hemila should hygie	MEDICAL CE	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	HOUR A.M. MONT P.M.	H DAY YEAR	RED (ENTER NATURE OF INJURY IN ITEM	18 PART 1 OR PART 2)
NG PHY offer this os the but th and M orked or	MED	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, (		CITY OR TOWN	COUNTY STATE
Spitol or CTOR: A I for use of Heol		22a 1 certify that (I) (this hosp sow the deceased alive or above, (I) (we) (did) (did) no	ital) attended the deceased with the body after death.	_19_86, and that in (my) (our) opinion	death occurred on the date and	
ITAL OR 10 the holy the holy the holy the holy that DIRE detoched detoched to the Dept to		22b SIGNATURE	2-mof		MEDICAL STAFF DIRECTOR PHYSICIAN	17 June EL
TO HOSPITAL retoined by the TO FUNERAL should be deto with the State I IMPORTANT: If		22d. PHYSICIAN'S NAME (TYPE O		138 E. And	edon St. Hager	3 down mb 217
BP	1	BURIAL, CREMATION, REMOVAL SPECIFY) BURIAL	6/23/86	232 NAME OF CEMETERY OR CREMATORY Mohnsville	23d LOCATION OR TOWN Mohnton	Berks Pa.
DHMH - 16 60M 7/84 (VRA 15, 4)		UNERAL DIRECTOR NAME  Prald N. Minr	305 No	oresPotomac St. 250 DA	TE REC'D. BY REGISTRAR 25b. REG	SISTRAR'S SIGNATURE



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH O REGISTRAR 1. DECEASED NAME DATE KNOWN X MONTH (TYPE OR PRINT) DEATH MATED JUNE 14 19 86 CHARLES WE I DMAN JACKSON 4 RACE A AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED White 12 - 23 - 2164 YRS Th CITIZEN OF WHAT COUNTRY? BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRY WASHINGTON County Maryland USA WIDOWED DIVORCED O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS Retired - Chessie Hagerstown Washington COunty Hospital System AL RESIDENCE (IF IN NURSING FOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 30 STATE 136 COUNTY 13r CITY OF TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS YES NO K 2301 Gillis Rd. Maryland Carrol1 Mt. Airv 21771 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Harry Weidman Bessye Eudermole 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO ADDRESS Mt. Airy 21771 WW 2 212-16-4861 2301 Gillis Rd. Korea Mrs. Jean Weidman APPROXIMATE INTERVAL
BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) E-812 - MOTOR VEHICLE/MOTOR VEHICLE COLLISION HR. IMMEDIATE CAUSE (6 DUE TO, OR AS A CONSEQUENCE OF 44 MINUTES Conditions, if ony, which (b) (MASSIVE CRUSHING INJURY TO CHEST) gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) 19g. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO X 21a EXTERNAL CAUSE WAS 116. TIME OF INJURY HOUR AMA, MONTH DAY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OR 1:00 M JUNE 13,86 CONTRIBUTING CAUSE OF DEATH HEADON COLLISION WITH TRUCK 21e PLACE OF INJURY (AT HOME. 211 LOCATION NEAR NORTH END OF POTOMAC RIVER BRIDGE 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) WHILE AT WORK AT RT. 522. HANCOCK, WASHINGTON, Mp. PAGE 4 SHOULD BE FORV TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE ST BALLIMORE, MARKILAND 2 Inspection X Autopsy 220 I certify that I took charge of the remains described above, held on Inquiry and in my opinion Natural causes Hamicide \_\_\_ Undetermined monner TITLE (SPECIFY) DATE JUNE 14, 198 DEPUTY MEDICAL EXAMINER 217 WEST WASHINGTON STREET EXAMINER'S NAME EDWARD W. DITTO, 111, M.D. HAGERSTOWN, MARYLAND 21740 230 BURIAL, CREMATION, REMOVAL 236 DATE 23d LOCATION STATE Rocky Gap Veterans Cem Flintstone Burial Allegany MD 07/84 25AA 14 FUNERAL DIRECTOR Loring Byers Funeral Directors, Inc 250. DATE REC'D. BY REGISTRAR DHMH - 17 (VR A15 ME (5)) 8728 Liberty Rd. Randallstown, MD 21133

THE AREA THE PROPERTY AND THE POINT LINE STORY OF THE PARTY FORCE - SIL-THE THE WEST OF WHICH CHIEF IN COMPANY MOLET HTE MINISTED BOOKS OF ELST SHOL TOURS BROIDE DOING APPETURE TO THE HTHOU TALE. TAT HT. 223, HANGOON, ADMINISTRY, 10. del , el sauc TABLET A TALL THE REPORT OF THE PARTY OF THE

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FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO.	1
REG. NO.	

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REGISTRAR		CE	ERTIFICATE OF DEATH	REG. NO.	, 0 0 0 0
I. DECEASED NAME FIRST (TYPE OR PRINT) ROY	Vict	tor	WHIPP	June 12, 1986	DAY YEAR 2b HOUR 5:10
male	4. RACE white		DATE OF BIRTH  MONTH  Ctober 19, 1912	6. AGE *(IN YEARS LAST BIRTHDAY)  73 YRS.	IF UNDER TYEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	7b. CITIZEN OF WI	M. WIL	ARRIED A NEVER MARRIED DOWNED DIVORCED	Washingto	on MD.
Hagerstown	Washing	ton County	Hospital	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L  mechanic	IZE. KIND OF BUSINESS OR INDUSTRY brick
	VTY II	ive residence before admis 3c CITY OR TOWN Hagerstown	13d, INSIDE CITY LIMITS?	13. STREET ADDRESS / ZIP COD	Ave. 21740
James Wesley		LAST	Namie	WIDDLE	Brown
16a WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) 100	E WAR OR DATES!	66 SOCIAL SECURITY 217 12 239		ADDRESS hipp Hagerstov	wn, Md.  APPROXIMATE INTERVAL  BETWEEN ONSET AND DEATH
Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last.  PART 2 OTHER SIGNIFICANT (	DUE TO, OR A  (b)  DUE TO, OR A  (c)  CONDITIONS CON	AS A CONSEQUENCE	E OF	'MINAL DISEASE OR CONDITION G	IVEN IN PART 110
190 DATE OF OPERATION  110. ACCIDENT WAS UNDERLYING				YES NO NO	FYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER NOTIFY MEDICAL EXAMINE) 21d INJURY OCCURRED	ATH .	. MONTH DAY		RRED (ENTER NATURE OF INJURY IN ITEM 18	
AT WORK AT WORK	(AT HOME STREE	T FACTORY, OFFICE FARM E	ETC ) STREET	CITY OR TOWN	COUNTY STATE
sow the deceosed olive on obove, (I) (M) (did) (M) (22b. SIGNATURE		tter death	DEGREE  ATTENDING	n death occurred on the date and ha	that the causes stated  22c DATE SIGNED  JUNE 13, 1986
22d PHYSICIAN'S NAME (TYPEC	The second second	, M.D.	22e ADDRESS 217	MEST WASHINGTON S RSTOWN, MARYLAND	TREET
23a BURIAL, CREMATION, REMOVAL (SPECIFY) burial	June 14		e of cemetery or crematory ot Haven Cemeter	Hagerstown, W	ash., Maryland

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been should be detached for use as the burial-transit permit with the State Dept. of Health and Mental Hygiene prin

orked or them 18 shows on

24 FUNERAL DIRECTOR MINNICH FUNERAL HOME
415 E. Wilson Blvd., Hagerstown, Md. 21740

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE JUN 16 1986

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RELLET , DI DAULA

BEAUTY STORY OF THE STORY OF TH

PERSONAL PROPERTY OF THE PERSONAL PROPERTY OF

DAY IS CHANKA! ... OTE GOA

a KWIII.

## 00-10232 1- FOR STATE REGIST

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

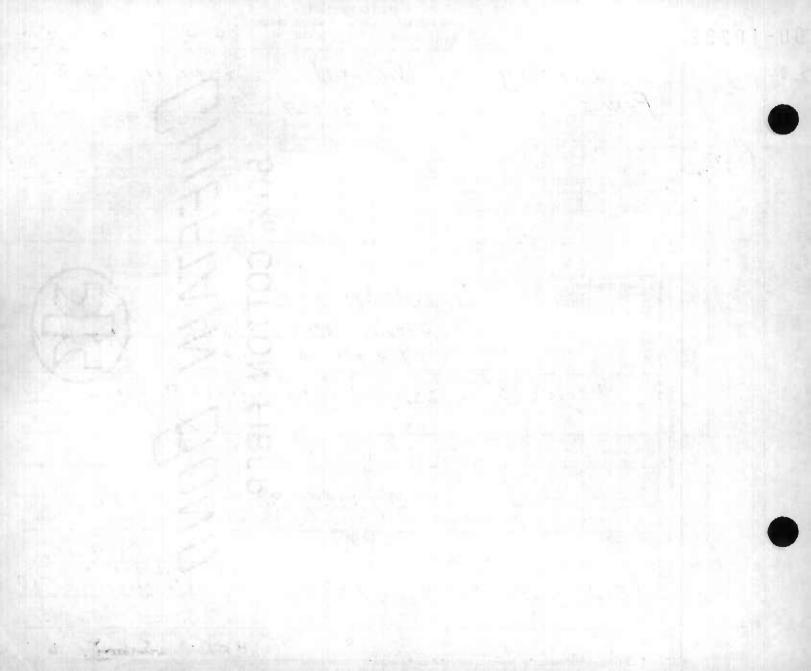
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9	5-0	- 2	4	
	0	Q	()	
F	REG. NO.			

	REGISTRAR				CERTIFICATE OF DEATH		REG. NO.				
Н		EASED NAME FIRST		MIDDLE	L	AST	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR	2
	(TYPE	OR PRINT)	thu	MAY	WiN	Land.	JUNE	= 11.	1986	84	XOM
	3 SEX		4. RACE		5. DATE C		6. AGE THYEARS LAST BIRT		NDER I YEAR	IF UNDER 2	_
6		FEMALE	White		Sept 14 1914		7/	YRS.		HOURS	M IN.
1	7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY)		76 CITIZEN OF WHAT COUNTRY?		MARRIED NEVER MARRIED		9 BALTIMORE CITY OR COUNTY OF DE		DEATH	EATH	
	Washington, D.C.		United States   WIDO		WIDOWE	V_	washington		MD.		
1	40 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME O			OR OTHER INSTITUTION	(TYPE OF WORK FOR MOST OF WO		ORKING LIFE) INDUSTRY beth Hosp		
	100	agerstown		rn Maryla			Maintenance supervisor-			St.El	izā
1	Ma S			Silver Sp	N	13d. INSIDE CITY LIMITS?	136 STREET ADDRESS / 200-Hannes	ZIP CODE Street	2090	)1	
S	14 FATHER'S NAME  FIRST MIDDLE LAS			LAST		15 MOTHER'S MAIDEN NA		LAS			
	1	Charles	V.	Hall		Elizabeth	n C.		Mattl	news	
	160 W	AS DECEASED EVER IN U.S. AF		166 SOCIAL SECUI	RITY NO.	17 INFORMANT					
	LIY	(YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 578–10–4			301	Norman L.Wine	eland(Son) S	Same as	#13		
		18 CAUSE OF DEATH (Enter only one couse per line for or, (b), and (c)								MATE INTERVA	ATH
		PART I. DEATH WAS CAUSI	ED BY. TE CAUSE (a)	Melli	110	a			a45	AL.	
		11/11/16 57	Photo:	R AS A CONSEQUE	NCE OF				1	1	
		Conditions, if any, which			NOXIC ENCEPHILOPATHY CAPPLIAC ARREST				1/2: 100 1		
	1	gove rise to immediate couse (a), stating the	0,-	DAS A CONSEQUE	NCEOE				1100	198	7
		underlying couse lost.	DUE TO, O	R AS A CONSEO	Mal	iac ARR	EST	97-13			
		PART 2 OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO D	EATH BUT		INAL DIŞEASE OR CONL	DITION GIVEN	IN PART Inc		
	S	Hyper	Tensi	ve as	Ten	is clubie	Heart:	Disen	el		
	CERTIFICATION	19a DATE OF OPERATION 19b. CONDITION FOR WI		ITION FOR WHICH	ICH OPERATION WAS PERFORMED				VERE FINDINGS USED NG CAUSES OF DEATH?		
	Ē						YES NO NO	YES [	]	NO [	
	CER	21a. ACCIDENT WAS UNDERLYING				21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I	OR PART 21		
	2000	ON CONTRIBUTING   CALISE OF DEATH   TOUR A.M. MOINTH			Y YEAR	1000					
	MEDICAL	21d INJURY OCCURRED		OF INJURY	17	211 LOCATION	1 140 1500			-	
	ME	WHILE NOT WHILE	(AT HOME ST	REET, FACTORY, OFFICE F	ARM, ETC )	STREET	CITY OR TO	WN	COUNTY	STAT	15
		220.1 certify that to this haspital) amended the deceased from 112 19 83 to June						6/1 10	86	that QC (we	\ lost
	100			4 11	860	nd Mat in (my) (Sulf) opinion	death occurred on the do	ate and hour on			
		sow the deceased alive of above, (I) (west did) (d.d. w. 22b. SIGN ATURE	of) view the body	ofter deoth		DEGREE			22c. DATE		_
		ZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZ		. 1.	m	ATTENDING _	MEDICAL STAF		Coli	, 181	
		22d. PHYSICIAN'S NAME (TYPE	1cun	cun	.,,,	PHYSICIAN L	DIRECTOR   PHYSIC	IAN L	10/1	1106	
	18	En II K	7	/		11 10 0 -000	NEWNA	In sul	CIL M	217	1110
4		15 11.		NCULa		HAGERSIC	, www, IVI	ARYL	and	4//	70
	23a B	SURIAL, CREMATION, REMOVA				EMETERY OR CREMATORY	23d. LOCATION		YIMUC	_ STAI	TE
	Ė	Burial	June	13,1986 C	edar	Hill Cemetery					,MD
	24 FL	JNERAL DIRECTOR				25a. DAT	E REC'D. BY REGISTRAR	25b. REGISTRAF	ES SIGNAT	URE	

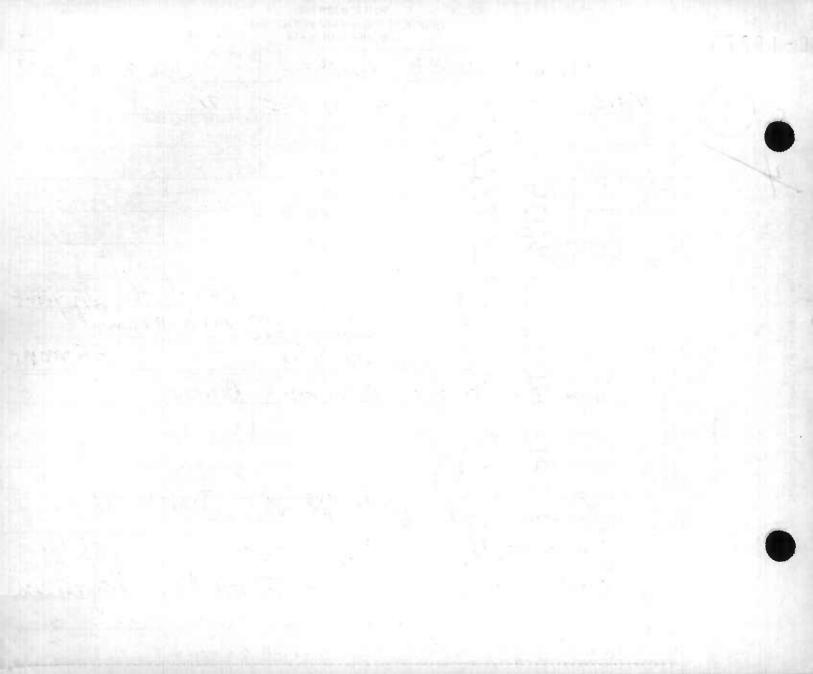
DHMH - 16 60M 7/84 (VRA 15, 4)

J.Wm.Lee's Sons Co.300-4th St., NE, Wash.

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 1. DECEASED NAME MIODIEGLENN 20 DATE OF DEATH MONTH 2b. HOUR TYPE OR PRINTE XXXXXXXXXXXXXX ONAID 76 IF UNDER I YEAR 3. SEX & AGE (IN YEARS LAST BIRTHDAY) F UNDER 24 HE YEAR WHITE 1915 BIRTHPLACE (STATE OR FOREIGN TE CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COLINTRY MD USA WIDOWEDXX DIVORCED [ WASHINGTON 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) I TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY HAGERSTOWN WASHINGTON COUNTY HOSPITAL CONSTRUCTION UAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 186. COUNTY 13c. CITY OR TOWN 13e STREET ADDRESS / ZIP CODE FREDERICK MD SMITHSBURG B-14316 Tower Road, 21783 NOXX 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE EIRST DONALD GLENN WOLFE HAVEN LEWIS ADDRESS Smithsburg, MD 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17. INFORMANT YES NO OR UNKNOWN WW II 212-14-6165 WADE BROWN B-14316 Tower Rd. 18. CAUSE OF DEATH (Enter only one cause per lung for (a), (b), and (c) PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last 190VPT PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH E NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIG SPAIR 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS LISED IN CERTIFYING CAUSES OF DEATH? NO NO T 710 ACCIDENT WAS UNDERLYING 215 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART ) OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER P.M 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC ) STREET CITY OR TOWN COUNTY NOT WHILE 220.1 certify that (1) Ithis haspital) attended the deceased from and that in (my) (aur) apinian death occurred an the date and haur and from the causes stated 22h SIGNATUS 22c DAT old be deter PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS £ 23a BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23d LOCATION BURIAL 6/24/86 Mt. Bethel Cemetery Foxville Frederick 24 FUNERAL DIRECTOR G. Douglas Stauffer 250 DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 1621 Opossumtown Pike, Frederick, MD (VRA 15, 4)



FOR CALVIN JOHN DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REG. NO CERTIFICATE OF DEATH YETTER REGISTRAR I. DECEASED NAME 20. DATE OF DEATH MONTH TYPE OR PRINT) JOHN CALVIN 3. SEX 4 RACE 6 AGE LIN YEARS LAST BIRTHDAY) UNDER LYEAR MONTH ONTHS DAYS HOURS White Male March 3 1895 TO BIRTHPLACE ISTATE OF FOREIGN 7h CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY Maryland U.S.A. Washington County DIVORCED WIDOWED O CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) Washington County Hospital Hagerstown Farmer SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 21740 13b. COUNTY 13a STATE 13e.STREET ADDRESS / ZIP CODE 13c CITY OR TOWN 13d INSIDE CITY LIMITS? Washington Marvland Hagerstown 11 West Baltimore Street YES X NO A FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Calvin Ellie Yetter King 16h SOCIAL SECURITY NO. ADDRESS West Baltimore S 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (IF YES, GIVE WAR OR DATES) Yes 220-30-7580 Esther W. Yetter WW Hagerstown, Md. APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE Canditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (o CERTIFICATION 19g DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? pei YES [ NO NO | 21n ACCIDENT WAS UNDERLYING 21h TIME OF INTURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION 0 AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY orked NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from. saw the deceased alive on above, (1) (we) (did) (did nat) view the body after death. and that in (my) (our) opinion death accurred on the date and hour and Iram the causes stated 22b. SIGNATURE DEGREE TH. DATE SIGNED ATTENDING PHYSICIAN PIRECTOR PHYSICIAN MPORTANT: 22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS should be with the S 236. BURIAL, CREMATION, REMOVAL 23r. NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial 7-1-86 Paul's Cemetery Clear Spring, Wash, Md ADDRES Clear Spring Monate REC'D BY REGISTRAR 25% REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 Thompson Funeral Home, Inc. was Davidson (VRA 15. 4)

## JOHN SHAM YETTER

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Donald I. Thumpen Sunvial Lond inc. 1911 C. 1872 population

Trough mediahadian Trough Committee Committee

The town of the Low Park Line and the control of th